State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000159102

2. Name of Corporation Blackstone Valley Paddle Club

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: ONE DEPOT SQUARE
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: NORTH SCITUATE State: RH Zip: 02857 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

AN ALL VOLUNTEER ORGANIZATION PROMOTING CANOEING AND KAYAKING IN THE BLACKSTONE RIVER VALLEY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHERYL THOMPSON CAMERON	53 ANAN WADE ROAD NORTH SCITUATE, RI 02857 USA
PRESIDENT	CHERYL A THOMPSON	53 ANAN WADE ROAD NORTH SCITUATE, RI 02857 USA

TREASURER	ELAINE ANDREWS	8 BEACON STREET UXBRIDGE, RI 01569 USA
SECRETARY	JOHN KENT CAMERON	53 ANAN WADE ROAD NORTH SCITUATE, RI 02857 USA
DIRECTOR	CHERYL THOMPSON CAMERON	53 ANAN WADE ROAD NORTH SCITUATE, RI 02857- USA
DIRECTOR	ELAINE ANDREWS	8 BEACON STREET UXBRIDGE , MA 01569 USA
DIRECTOR	JOHN KENT CAMERON	53 ANAN WADE ROAD NORTH SCITUATE, RI 02857 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

H. ANTHONY DELLER, CPA 10 RAILROAD STREET, UNIT 77S SLATERSVILLE , RI 02876

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of June, 2016 at 6:25:10 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CHERYL THOMPSON
Signature of Authorized Person

Form No. 631
Revised 09/07