



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 23 PM 3:38

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <u>5528</u>		2. Exact name of the Corporation <u>Blackstone Park Improvement Association</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Preserve & Improve Blackstone Park</u>	
5. Principal Office Address <u>19 Grafton Ave.</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02906</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Robert T. Murphy, Jr.</u>		Vice-President Name <u>Paul Lietan</u>	
Street Address <u>19 Grafton Ave.</u>		Street Address <u>29 Orchard Place</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	
Secretary Name		Treasurer Name <u>Douglas Garro</u>	
Street Address		Street Address <u>59 East Orchard Ave.</u>	
City	State	Zip	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Mike Bana</u>		Director Name <u>Dominic Sherman</u>	
Street Address <u>35 Blackstone Blvd.</u>		Street Address <u>254 Irving Ave.</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	
Director Name <u>Harriett Warren</u>		Director Name	
Street Address <u>22 Rhode Island Ave.</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Robert T. Murphy, Jr.</u>		Date <u>6/23/16</u>	
Signature of Officer/Authorized Representative <u>Robert T. Murphy, Jr.</u>		SIGN DOCUMENT HERE	

FILED

JUN 23 2016

By 277435