

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

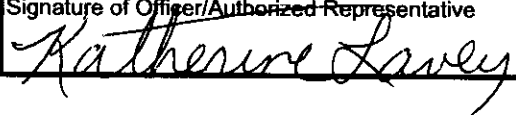
Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000086603		2. Exact name of the Corporation Blueberry Heights Coop Corporation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Resident Owned Mobile Home Park			
5. Principal Office Address 672 Victory Highway		City West Greenwich	State RI	Zip 02817	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eric Gould		Vice-President Name Katherine Lavey			
Street Address 7 Bluerry Hts.		Street Address 2 Blueberry Hts			
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Dorothea Vaz		Treasurer Name Stephen Heal			
Street Address 16 Blueberry hts		Street Address 12 Blueberry Hts			
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
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 Donald Morris		Director Name Dorothea Vaz			
Street Address 9 Bluebbrry Hts		Street Address 16 Blueberry Hts			
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Director Name Stephen Heal		Director Name			
Street Address 12 Blueberry Hts		Street Address			
City West Greenwich	State RI	Zip 02817	City	State	Zip
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 Katherine Lavey				Date 7 February 2017	
Signature of Officer/Authorized Representative 					

FILED

FEB 14 2017

By 295644
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3000