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: 2017

1. Corporate ID No. 000041462

2. Name of Corporation Blackstone Health, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 111 BREWSTER STREET
City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO PROVIDE COMMUNITY BASED HEALTH SERVICES THAT ARE RESPONSIVE TO THE NEEDS AND DEMOGRAPHIC MAKEUP OF THE BLACKSTONE VALLEY COMMUNITY AND OTHER COMMUNITIES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	KATHLEEN TOPOR	VNA OF CARE NEW ENGLAND, 51 HEALTH LANE WARWICK, RI 02886 USA
SECRETARY	JAMES BRIDEN, ESQ.	P.O. BOX 1325, 150 MAIN STREET

		PAWTUCKET, RI 02862 USA
CHAIR	KARL SHERRY	HAYES & SHERRY, 146 WESTMINSTER ST., 2ND FLR. PROVIDENCE, RI 02903 USA
EXECUTIVE DIRECTOR	KATHLEEN PEIRCE	VNA OF CARE NEW ENGLAND, 51 HEALTH LANE WARWICK, RI 02886 USA
DIRECTOR	F. PAUL MOONEY, JR.	39 DROWNE PARKWAY RUMFORD, RI 02916 USA
DIRECTOR	KARL SHERRY	HAYES & SHERRY, 146 WESTMINSTER ST., 2ND FLR. PROVIDENCE, RI 02903 USA
DIRECTOR	KATHLEEN TOPOR	VNA OF CARE NEW ENGLAND, 51 HEALTH LANE WARWICK, RI 02886 USA
DIRECTOR	JAMES BRIDEN, ESQ.	P.O. BOX 1325, 150 MAIN STREET PAWTUCKET, RI 02862 USA
DIRECTOR	DENNIS KEEFE	CARE NEW ENGLAND HEALTH SYSTEM, 45 WILLARD AVENUE PROVIDENCE, RI 02905 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

KATHLEEN PEIRCE 51 HEALTH LANE WARWICK , RI 02886

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

Signed this 5 Day of May, 2017 at 10:37:40 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 KATHLEEN TOPOR, TREASURER
Signature of Authorized Person

Form No. 631
Revised 09/07

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