



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

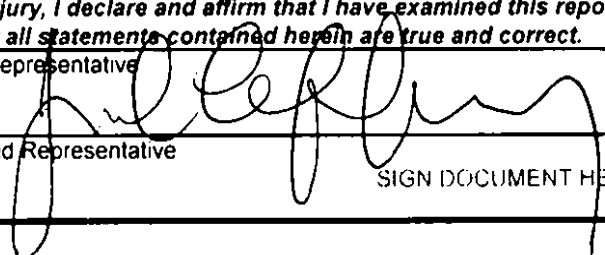
Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1


→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIV.
2017 DEC 26 PM 1:25

| | | | | | |
|---|-----------------|---|---|--------------------|-------------------------|
| 1. Entity ID Number 001070256 | | 2. Exact name of the Corporation BlueAid Consulting, Inc. | | | |
| 3. Principal Office Address 41 ROBERT AVENUE | | | City EAST GREENWICH | State RI | Zip 02818 |
| 4. NAICS Code 541990 | | 6. Brief description of the character of business conducted in Rhode Island Provide consultation services to individuals or organizations seeking to improve public health and public safety outcomes for people experiencing mental and substance use issues and other special populations in the community or local justice system. | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name JOSEPH COFFEY | | | Vice-President Name | | |
| Street Address 41 ROBERT AVENUE | | | Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | State | Zip |
| Secretary Name JOSEPH COFFEY | | | Treasurer Name JOSEPH COFFEY | | |
| Street Address 41 ROBERT AVENUE | | | Street Address 41 ROBERT AVENUE | | |
| City EAST GREENWICH | State RI | Zip 02818 | City EAST GREENWICH | State RI | Zip 02818 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name JOSEPH COFFEY | | | Director Name | | |
| Street Address 41 ROBERT AVENUE | | | Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 1,000 | CWP | 1.00 |
| | | | | | |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. | | | | | |
| 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. | | | | | |
| Name of Authorized Representative JOSEPH COFFEY | | | | | Date 12-14-17 |
| Signature of Authorized Representative  | | | | | |
| SIGN DOCUMENT HERE | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY  FORM 630 - Revised: 10/2017