

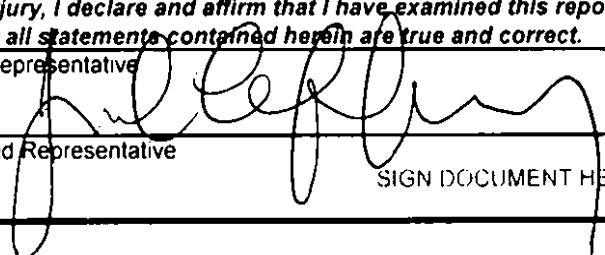


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division


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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
2017 DEC 26 PM 1:25

1. Entity ID Number <b>001070256</b>		2. Exact name of the Corporation <b>BlueAid Consulting, Inc.</b>			
3. Principal Office Address <b>41 ROBERT AVENUE</b>		City <b>EAST GREENWICH</b>		State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>541990</b>		6. Brief description of the character of business conducted in Rhode Island <b>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.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOSEPH COFFEY</b>			Vice-President Name		
Street Address <b>41 ROBERT AVENUE</b>			Street Address		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>JOSEPH COFFEY</b>			Treasurer Name <b>JOSEPH COFFEY</b>		
Street Address <b>41 ROBERT AVENUE</b>			Street Address <b>41 ROBERT AVENUE</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOSEPH COFFEY</b>			Director Name		
Street Address <b>41 ROBERT AVENUE</b>			Street Address		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>1,000</b>		<b>CWP</b>		<b>1.00</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>JOSEPH COFFEY</b>					Date <b>12-14-17</b>
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

**FILED**  
DEC 20 2017  
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BY  FORM 630 - Revised: 10/2017