



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1 Entity ID Number 000487039		2 Exact name of the Corporation Blackstone Valley Youth & Family Collaborative, Inc	
3 Principal Office Address 209 Cottage Street		City Pawtucket	State R.I
Zip 02860			
4 NAICS Code 812990	6 Brief description of the character of business conducted in Rhode Island Service / Residential Provider DCYF - State of RI		
5 State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Daniel Brito		Vice-President Name	
Street Address 209 Cottage Street		Street Address	
City Pawtucket	State RI	Zip 02860	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Daniel Brito		Director Name	
Street Address 209 Cottage Street		Street Address	
City Pawtucket	State RI	Zip 02860	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
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 ☐			
NUMBER OF SHARES 100		CLASS/SERIES A	PAR VALUE 0
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 Daniel Brito		FILED	Date 2/20/18
Signature of Authorized Representative 		MAR 01 2018 44105	
		BY	

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017