



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

FILED
 MAY 31 2018
 BY 124
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Annual Report for the year: 2018

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 000027355		2. Exact name of the Corporation TNE Blackstone Valley Amateur Radio Club, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Amateur Radio - Hobby Communications	
4. NAICS Code 515112			
6. Principal Office Address 154 Patton Road,		City Woonsocket	State RI
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Matthew Pentila		Vice-President Name Jonathon Sherman	
Street Address 40 Farm Street		Street Address 20 Monterey Drive	
City Blackstone	State MA	Zip 01504	City Cherry Valley
			State MA
			Zip 01611
Secretary Name Michael Bilow		Treasurer Name Robert E. Jones	
Street Address P.O. Box 9199		Street Address 49 Farmview Drive	
City Providence	State RI	Zip 02940	City Cumberland
			State RI
			Zip 02864
8. 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 Aaron Marsland		Director Name Robert Beaudet	
Street Address 231 Rockland Road		Street Address 30 Rocky Crest Road	
City Scituate	State RI	Zip 02857	City Cumberland
			State RI
			Zip 02864
Director Name Judson Mitsock		Director Name Patricia Vilnit	
Street Address 232 Black Plain Road		Street Address 7 Park Street	
City North Smithfield	State RI	Zip 02896	City Blackstone
			State MA
			Zip 01504
9. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Robert E. Jones			Date May 25, 2018
Signature of Officer/Authorized Representative <i>Robert E. Jones</i>			PRINTED NAME HERE