



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2018 JUN -8 AM 8:41

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 <u>5528</u>		2. Exact name of the Corporation <u>Blackstone Park Improvement Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Preserve and Finance Blackstone Park</u>	
4. NAICS Code <u>813312</u>			
6. Principal Office Address <u>19 Grotto Ave.</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Robert T. Murphy, Jr.</u>		Vice-President Name <u>PALL LIETAN</u>	
Street Address <u>19 Grotto Ave</u>		Street Address <u>29 Orchard Place</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
Secretary Name		Treasurer Name <u>Douglas Green</u>	
Street Address		Street Address <u>39 East Orchard Ave.</u>	
City	State	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
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 <u>Robert T. Murphy, Jr.</u>		Director Name <u>Mike Branch</u>	
Street Address <u>19 Grotto Ave.</u>		Street Address <u>35 Blackstone Blvd.</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
Director Name <u>Denise Sherman</u>		Director Name	
Street Address <u>254 Frying Ave.</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State Zip
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 <u>Robert T. Murphy, Jr.</u>			Date <u>6/8/18</u>
Signature of Officer/Authorized Representative <u>Robert T. Murphy, Jr.</u>			FILED JUN - 8 2018 BY <u>332237</u>
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