



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation**

**Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2018**

**1. Corporate ID No.** 000489438

**2. Name of Corporation** The Blackstone Valley Independent Business Alliance, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813910

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 1121  
City or Town: SLATERSVILLE State: RI Zip: 02876 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 31 SUNRISE TERRACE  
City or Town: GLOCESTER State: RI Zip: 02814 Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ASSIST THE BLACKSTONE VALLEY AND NEIGHBORING COMMUNITIES IN  
DEVELOPING AND PRESERVING OUR LOCAL ECONOMY AND UNIQUE COMMUNITY  
CHARACTOR BY SUPPORTING INDEPENDETLY OWNED BUSINESSES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.  
7-6-23**

<b>Title</b>	<b>Individual Name</b>	<b>Address</b>
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID GOBEILLE	PO BOX 1103 SLATERSVILLE, RI 02876 USA
TREASURER	ROBERT CHAMBERLAND	603 GREAT ROAD NORTH SMITHFIELD, RI 02896 USA
VICE PRESIDENT	CARA BENJAMIN	125 EDDIE DOWLING HIGHWAY NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	DAVID RICHARDS	985 PARK AVE. WOONSOCKET, RI 02895 USA
DIRECTOR	ROBERT CHAMBERLAND	603 GREAT ROAD NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MARGARET GANIM	90 VARNUM AVE. PAWTUCKET, RI 02860 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROBERT CHAMBERLAND 603 GREAT ROAD NORTH SMITHFIELD , RI 02896

**9. This report must be signed by either the President, Vice President, Secretary, Assistant  
Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 21 Day of June, 2018 at 12:49:59 AM by the authorized person. This electronic  
signature of the individual or individuals signing this instrument constitutes the affirmation or  
acknowledgement of the signatory, under penalties of perjury, that this instrument is that  
individual's act and deed or the act and deed of the company, and that the facts stated herein are  
true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By ROBERT CHAMBERLAND  
Signature of Authorized Person

Form No. 631  
Revised 09/07