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. 000029376

2. Name of Corporation BLACKSTONE VALLEY COMMUNITY HEALTH CARE, 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 6

621112

4. Corporate Address in Rhode Island

No. and Street: 39 EAST AVE.
City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

OPERATING A COMMUNITY BASED HEALTH CENTER WHICH IN 1999 HAD OVER 41,000 PATIENT VISITS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	**Individual Name** First, Middle, Last, Suffix	**Address** Address, City or Town, State, Zip Code, Country
DIRECTOR	BARBARA BERNARD	39 EAST AVENUE PAWTUCKET, RI 02860 USA
TREASURER	MICHELLE ENOS	692 FALL RIVER AVE SEEKONK, MA 02771 USA
VICE CHAIRMAN	NORM DEGUILIO	39 EAST AVENUE PAWTUCKET, RI 02860 USA
CHAIRMAN	JOHN LEFRANCOIS	477 MAIN STREET PAWTUCKET, RI 02860 USA
SECRETARY	BERNADETTE TAVARES	39 EAST AVENUE PAWTUCKET, RI 02860 USA
EX-OFFICIO CHAIRMAN	JOHN GANNON ESQ	727 CENTRAL AVENUE PAWTUCKET, RI 02861 USA
ASSISTANT SECRETARY	ROSALINA LIMARDO	63 WEBSTER STREET #5 PAWTUCKET, RI 02860 USA
DIRECTOR	ELIZABETH MORAIS	15 HOLLAND AVENUE RIVERSIDE , RI 02915 USA
DIRECTOR	RONALD WINTER	3 HEARTWOOD DRIVE BARRINGTON, RI 02806 USA
DIRECTOR	SANDRA CANO	302 PULLEN AVENUE PAWTUCKET, RI 02861 USA
DIRECTOR	ALBA FIGUEROA	81 METCALF STREET PROVIDENCE, RI 02904 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

RICHARD L.E. JOCELYN 42 PARK PLACE PAWTUCKET , RI 02860

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

Signed this 26 Day of July, 2018 at 12:30:16 PM 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 RAYMOND LAVOIE
Signature of Authorized Person

Form No. 631
Revised 09/07