



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**

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.

FILED

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 CREATIVE  
 CORPORATE  
 SERVICES

1. Entity ID Number <b>000547320</b>		2. Exact name of the Corporation <b>Blackstone River Valley National Heritage Corridor, Inc</b>			
3. State of Incorporation <b>MA</b>		5. Brief description of the character of business conducted in Rhode Island <b>Charitable, Scientific, Religious and Educational Purposes</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>144 Wayland Avenue</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name <b>Richard H. Gregory III, Esq. Chair</b>			Vice-President Name <b>Richard Moore Vice Chair</b>		
Street Address <b>5 Benefit Street</b>			Street Address <b>235 Williams Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Uxbridge</b>	State <b>MA</b>	Zip <b>01569</b>
Secretary Name <b>Todd K. Helwig Secretary</b>			Treasurer Name <b>Gary E. Furtado Treasurer</b>		
Street Address <b>100 Front Street</b>			Street Address <b>1005 Douglas Pike</b>		
City <b>Worcester</b>	State <b>MA</b>	Zip <b>01608</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Richard H. Gregory III</b>				Date <b>05/28/19</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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