RI SOS Filing Number: 201912342350 Date: 8/14/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2019

→ Filing period June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty Additional \$25 UU fee if	iomi is not incu	by July Ju				
1 Entity ID Number	2 Exact name of the Corporation					
000141673	The Blessing Way					
3. State of Incorporation	5 Brief description of the character of business conducted in Rhode Island					
Rhode Island	Residential and Addiction Recovery Support Services for men and women					
4. NAICS Code]					
624190 - Other Individual an	- Other Individual an					
6 Principal Office Address			C ty	State	Z:p	
64 Long Pasture Rd			Little Compton	RI	02837	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Elaine K Bristol			Vice-President Name Elizabeth McNamara			
Street Address 64 Long Pasture Rd			Street Address 18 Prospect St			
City Little Compton	State RI	Zip 02837	City East Greenwich	State RI	^{Zip} 02818	
Secretary Name Martha Ames			Treasurer Name Caroline Sparhawk			
Street Address 35 Boylston Av			Street Address 300 Tanglewood Dr			
City Providence	State RI	^{Zıp} 02906	City East Greenwich	State RI -	^{Zip} 02818	
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name George O'Toole			Director Name Elizabeth McNamara			
Street Acdress 249 Main St			Street Address 18 Prospect St			
^{City} Pawtucket	State RI	^{Zip} 02860	City East Greenwich	State RI	^{Zip} 02818	
Director Name Elaine Bristol			Director Name			
Street Address 64 Long Pasture Rd			Street Address			
C.ty Little Compton	State RI	^{Z:p} 02837	City	State	Z:p	
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee						
Name of Officer/Authorized Representative				Date ·		
Elaine K Bristol 8/12/19					• •	
Signature of Officer/Atthorized Representative FILED						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.scs.ri gov AUG 1 4 2019 VIII