

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	orm is not filed	by July 30			
1 Entity ID Number	2 Exact name of the Corporation				
000141673	The Blessing Way				
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	1				
624190 - 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 add	tresses)			Check the box to indi	cate an altachment
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	^{Ζιρ} 02906	City East Greenwich	State RI -	Zip 02818
8 List ALL directors (names and ad	ddresses). RI (Corporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment
Director Name George O'Toole			Director Name Elizabeth McNamara		
Street Address 249 Main St			Street Address 18 Prospect St		
^{City} Pawtucket	State RI	Zιρ 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 Islan	d This informat	ion is currently of reco	rd in the Department of State, Chang	es require filing Form (541,
Under penalty of perjury, I decla statements, and that all stateme				companying sched	lules and
This report must be signed by either the Pre-	sident, Vice-Presid	ent, Secretary. Assistant 5	Secretary, Treasurer, duly Authonzed Repri	esentative, Receiver or Tri	ustee
Name of Officer/Authorized Repres	sentative	,		Date	
Elaine K Bristol	•	•	•	8/12/19	
Signature of Officer/Affithorized Rep	presentative	Ring	FILED)	
16/1/1/2/	7) /	MANN	1 100	-	· ·

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 KM

