



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: **\$20.00**

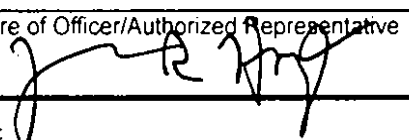
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 26 2020

BY

41998 OS

1. Entity ID Number 000027409		2. Exact name of the Corporation Blackstone Valley Community Action Program, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Social Services			
4. NAICS Code 624190 - Other Individual an					
6. Principal Office Address 32 Goff Avenue		City Pawtucket		State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name James Hoyt			Vice-President Name Al Montijo		
Street Address 32 Goff Avenue			Street Address 32 Goff Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Virginia Plourde			Treasurer Name Richard Goldstein		
Street Address 32 Goff Avenue			Street Address 32 Goff Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Vincent Ceglie			Director Name James Hoyt		
Street Address 32 Goff Avenue			Street Address 32 Goff Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Al Montijo			Director Name Kenneth McGill		
Street Address 32 Goff Avenue			Street Address 32 Goff Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 James Hoyt					Date 6-24-20
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov