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 DS

1. Entity ID Number	2. Exact name of the Corporation
000027409	**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	City	State	Zip
32 Goff Avenue	Pawtucket	RI	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	Date
James Hoyt	6-24-20

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019