



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 124393		2. Name of Corporation The Blackstone Valley Catholic Worker, Inc.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 211 Angell Street		City Providence	Zip 02906
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO ESTABLISH, MAINTAIN, SUPPORT AND OPERATE A CHARITABLE HOUSE OR HOUSES FOR THE CARE AND SUPPORT OF PERSONS IN NEED; TO PROVIDE SHELTER, FOOD, EDUCATIONAL, HEALTH AND OTHER SERVICES TO MEET THOSE NEEDS.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James T. Ruggieri			Vice President Name Therese M. Cotnoir		
Street Address P.O. Box 197			Street Address 4 John Avenue		
City Central Falls	State RI	Zip 02863	City North Smithfield	State RI	Zip 02896
Secretary Name Therese M. Cotnoir			Treasurer Name Russell G. St. George		
Street Address 38 Lorraine Avenue			Street Address 909 Dexter Street		
City North Smithfield	State RI	Zip 02896	City Central Falls	State RI	Zip 02863
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <i>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</i>					
Director Name James T. Ruggieri			Director Name Therese M. Cotnoir		
Street Address P.O. Box 197			Street Address 38 Lorraine Avenue		
City Central Falls	State RI	Zip 02863	City North Smithfield	State RI	Zip 02896
Director Name Russell G. St. George			Director Name Patricia A. Sweet		
Street Address 909 Dexter Street			Street Address 111 Rutherglen Avenue		
City Central Falls	State RI	Zip 02863	City Providence	State RI	Zip 02907
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name MICHAEL A. DESISTO			Address		
Address 211 ANGELL STREET			City PROVIDENCE	Zip 02906-	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



124393

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 23 2005
AMF
110234

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.

James T. Ruggieri 6/29/05
Signature of Officer Date

James T. Ruggieri
Print or Type Name of Officer

President
Title of Officer



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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 4 3 9 3 *

File Date **FILED**
Check No. **JUN 24 2004**
By: **By 3208 GAD**
FOR SECRETARY OF STATE USE ONLY

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.

James T. Ruggieri 6/21/04
Signature of Officer Date
James T. Ruggieri
Print or Type Name of Officer
President
Title of Officer



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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* 1 2 4 3 9 3 *

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.

File Date 6-24-03
Check No. 2997
By 2
FOR SECRETARY OF STATE USE ONLY

James T. Ruggieri 6-12-03
Signature of Officer Date
James T. Ruggieri
Print or Type Name of Officer
President
Title of Officer