



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001070256

2. Name of Corporation BlueAid Consulting, Inc.

3. Street Address Principal Business Office:

No. and Street: 41 ROBERT AVENUE

City or Town: EAST GREENWICH

State: RI

Zip: 02818

Country: USA

4. Business Phone No.

401-474-8738

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541990

6. Brief Description of the Character of Business Conducted in Rhode Island

BLUEAID CONSULTING, INC. IS A RHODE ISLAND BASED AND VETERAN-OWNED BUSINESS

ESTABLISHED IN FEBRUARY 2015 BY ITS OWNER AND PRESIDENT, JOSEPH COFFEY. THE COMPANY

PROVIDES MENTAL HEALTH FIRST AID TRAINING THROUGHOUT THE UNITED STATES AND CANADA.

THE COMPANY IS FURTHER DEDICATED TO DEVELOPING MENTAL ILLNESS RESPONSE PROGRAMS,

SPECIALIZING IN PROGRAMS UNIQUE TO CRIMINAL JUSTICE AND BEHAVIORAL HEALTH

PARTNERSHIPS. THE COMPANY OFFERS CONSULTATION SERVICES TO INDIVIDUALS

OR

ORGANIZATIONS SEEKING TO IMPROVE INTERACTIONS AND OUTCOMES BETWEEN PUBLIC HEALTH, PUBLIC SAFETY, OR PRIVATE EMPLOYEES AND VULNERABLE PERSONS, THEIR FAMILY MEMBERS, AND ADVOCATES. SERVICES INCLUDE: POLICY AND PROGRAM DEVELOPMENT, RISK ASSESSMENT, RELATIONSHIP BUILDING, AND TRAINING.

BLUEAID PRESIDENT JOSEPH COFFEY HAS PROVIDED CONSULTATION ON MENTAL HEALTH RESPONSE AND RELATED TOPICS TO SEVERAL LOCAL AND NATIONAL LEADERS REPRESENTING DIVERSE AGENCIES, INCLUDING SECONDARY AND POST-SECONDARY EDUCATION, CIVIC GROUPS, PUBLIC SAFETY, HEALTHCARE, PRIVATE SECURITY, INSURANCE, PUBLIC HOUSING, SOCIAL SERVICES, AND BEHAVIORAL HEALTH.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSEPH COFFEY	41 ROBERT AVENUE EAST GREENWICH, RI 02818 US
OTHER OFFICER	JOSEPH COFFEY	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	1,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 3 Day of January, 2021 at 11:50:18 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOSEPH COFFEY
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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