



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

Fee: \$20.00

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

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 001698290

**2. Name of Corporation** Community Blessings Foundation

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

624230

**4. Corporate Address in Rhode Island**

No. and Street: 58 EAST MAIN ROAD

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE PURPOSE OF THE FOUNDATION IS TO (1) WORK WITH PARTNERS, COMMUNITY NETWORKS AND PUBLIC/PRIVATE FUNDING SOURCES TO INCREASE AVAILABILITY AND ACCESS TO RESOURCES THAT SUPPORT PREVENTION, EDUCATION AND INTEGRATED RECOVERY SOLUTIONS ACROSS THE ENTIRE CONTINUUM OF CARE FOR OUR YOUTH AND ADULTS AND FAMILIES IN RECOVERY; AND (2) CARRY ON ANY OTHER LAWFUL ACTIVITY IN SUPPORT OF AND TO BENEFIT THE ABOVE PURPOSES AS MAY BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND BY A CORPORATION UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	BENJAMIN RACKLIFFE	1301 ATWOOD AVENUE, STE. 215N JOHNSTON, RI 02919 USA
DIRECTOR	CHRISTINE NOLAN	15 TERRACE RD BRISTOL, RI 02809 USA
DIRECTOR	JAMES MCKENNA	58 STONE CHURCH RD LITTLE COMPTON, RI 02837 USA
DIRECTOR	BRADFORD JOHNSON	58 EAST MAIN ROAD MIDDLETOWN, RI 02842 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MATTHEW C. REEBER, ESQ. 1301 ATWOOD AVENUE SUITE 215 N JOHNSTON , RI 02919

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

*Signed this 5 Day of February, 2021 at 3:18:37 PM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JAMES MCKENNA  
Signature of Authorized Person

Form No. 631  
Revised 09/07