



FILED

Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

MAR 25 2021

BY 176
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1. Entity ID Number 001670722		2. Exact name of the Corporation Blackstone Valley Craftsmen, Inc.			
3. Principal Office Address 40 County Street			City Blackstone	State MA	Zip 01504
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Residential and commercial general contractor.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Deborah Baro			Vice-President Name Robert A. Baro		
Street Address 40 County Street			Street Address 40 County Street		
City Blackstone	State MA	Zip 01504	City Blackstone	State MA	Zip 01504
Secretary Name Deborah Baro			Treasurer Name Deborah Baro		
Street Address 40 County Street			Street Address 40 County Street		
City Blackstone	State MA	Zip 01540	City Blackstone	State MA	Zip 01540
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert A. Baro			Director Name		
Street Address 40 County Street			Street Address		
City Blackstone	State MA	Zip 01540	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
11. 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.					
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.					
Name of Authorized Representative Deborah Baro				Date 3/1/2021	
Signature of Authorized Representative <i>Deborah Baro</i>					

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