



**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: 2021

1. Corporate ID No. 000029376

2. Name of Corporation Blackstone Valley Community Healthcare, Inc.

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

621112

4. Principal Office Address

No. and Street: 39 EAST AVENUE

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

OPERATING A COMMUNITY BASED HEALTH CENTER WHICH IN 1999 HAD OVER 41,000 PATIENT VISITS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN LEFRANCOIS	61 COTTAGE STREET CENTRAL FALLS, RI 02863 USA
TREASURER	NORM DEGUILIO	61 COTTAGE STREET CENTRAL FALLS, RI 02863 USA
ACTING SECRETARY	JOHN LEFRANCOIS	61 COTTAGE STREET CENTRAL FALLS, RI 02863 USA
VICE PRESIDENT	RAUL FIGUERO	437 NEWPORT AVENUE, APT 212 QUINCY, MA 02170 USA
DIRECTOR	ERICA CARLSON	25 PINE STREET DOVER, DE 19901 USA
DIRECTOR	MELINDA GAUDREAU	185 MAUREEN CIRCLE MAPLEVILLE, RI 02839 USA
DIRECTOR	DANIEL H. CORREIA	66 MEADOW AVENUE CUMBERLAND, RI 02864 USA
DIRECTOR	JAMES SCULLIN	85 CARLSON DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	GABRIEL MARTINEZ	142 OAKLAND AVENUE PAWTUCKET, RI 02861 USA
DIRECTOR	MARIO BUENO	98 FLETCHER AVENUE CRANSTON, RI 02920 USA
DIRECTOR	ALBA FIGUEROA	81 METCALF STREET PROVIDENCE, RI 02904 USA
DIRECTOR	SANDRA CANO	302 PULLEN AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	JOHN T. GANNON ESQ.	46 WILTON AVENUE PAWTUCKET, RI 02861 USA

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

DON E. WINEBERG CHACE RUTTENBERG & FREEDMAN, LLP ONE PARK ROW, SUITE 300
PROVIDENCE , RI 02903

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

Signed this 4 Day of June, 2021 at 2:48:03 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 DON E. WINEBERG
Signature of Authorized Person

