



**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. 000058253

2. Name of Corporation Blue Mitten, 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

4. Principal Office Address

No. and Street: 135 MAIN STREET # B
City or Town: WESTERLY State: RI Zip: 02891 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

THRIFT SHOP

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	D. MAC RICHARDSON	500 CAROLINA BACK ROAD CHARLESTOWN, RI 02813 USA
VICE PRESIDENT	LINDA DUTRA	18 PARKWOOD DR. PAWCATUCK, CT 06379 USA
TREASURER	RUTH TURECKOVA	25 URSO DRIVE WESTERLY, RI 02891 USA
SECRETARY	CATHERINE HEWITT	26 LYME ST. FLR. 2 OLD LYME , CT 06371 USA
DIRECTOR	GEORGE SYLVESTRE	216 LANTERN HILL RD. MYSTIC , CT 06355 USA
DIRECTOR	ERMA BASILA	3 BLACK WALNUT DR. COVENTRY, RI 02816 USA
DIRECTOR	D. MAC RICHARDSON	500 CAROLINA BACK ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	RUTH TURECKOVA	25 URSO DRIVE WESTERLY, RI 02891 USA
DIRECTOR	MARTHA MINICH	21 BOBWHITE TRAIL GALES FERRY, CT 06335 USA
DIRECTOR	ROSEMARIE A. RUSSO	46 JOHN STREET WESTERLY, RI 02891 USA
DIRECTOR	KATHY BLACKBURN	1 GULL TERRACE WESTERLY, RI 02891 USA
DIRECTOR	CATHERINE HEWITT	26 LYME ST. FLR. 2 OLD LYME , CT 06371 USA
DIRECTOR	JOE ROSE	11 TROLLY CROSSING PAWCATUCK, CT 06379 USA
DIRECTOR	LINDA DUTRA	18 PARKWOOD DR. PAWCATUCK, CT 06379 USA
DIRECTOR	MIKE GRILLO	8 TYLER DRIVE PRESTON , CT 06365 USA
DIRECTOR	RICH ROY	22 POST ROAD-UNIT 4D WESTERLY, RI 02891 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**

MAC RICHARDSON 500 CAROLINA BACK ROAD CHARLESTOWN , RI 02813

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

Signed this 6 Day of June, 2021 at 3:44:27 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 D. MAC RICHARDSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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