



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 07 2023

BY 2927

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1. Entity ID Number 000060981		2. Exact name of the Corporation Blackstone Valley Emergency Food Center, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Supply food to low income and no income families in Pawtucket, Central Falls, Cumberland and Lincoln	
4. NAICS Code 624210			
6. Principal Office Address 75 Benefit St.		City Pawtucket	State RI Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dorothy Lubera		Vice-President Name Virginia Peloguin	
Street Address 51 Talcott Ave.		Street Address 454 Smithfield Ave.	
City Pawtucket	State RI	City Pawtucket	State RI Zip 02860
Secretary Name Elaine Desjardins		Treasurer Name Naomi Worthington	
Street Address 1308 Newport Ave.		Street Address 245 Manton St. Lot 239	
City Pawtucket	State RI	City Pawtucket	State RI Zip 02861
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Janet Lemay		Director Name Carol Langton	
Street Address 150 Bryant St.		Street Address 20 Hadde St.	
City Cumberland	State RI	City Cumberland	State RI Zip 02864
Director Name Idelia Cruz		Director Name	
Street Address 19 Parker St.		Street Address	
City Central Falls	State RI	City	State RI Zip 02863
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Dorothy Lubera		Date 2/3/2023	
Signature of Officer/Authorized Representative Dorothy Lubera			

MAIL TO:

Division of Business Services

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