



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

Foreign Non-Profit

Annual Report

Filing Period: February 1 - May 1

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 - ENTER THE CURRENT YEAR **2024**: 2024

1. Corporate ID No.

1770933

2. Name of Corporation BCA Foundation

3. State of Incorporation

State: DE

NAICS CODE

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

541611

4. Principal Office Address

No. and Street: 1300 DIVISION ROAD, SUITE 102

City or Town: WEST WARWICK

State: RI Zip: 02893 Country: USA

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

BLOOD CENTER COOPERATIVE

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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TREASURER	MARIE DEQUATTRO	1300 DIVISION ROAD, SUITE 102 WEST WARWICK, RI 02893 USA
PRESIDENT	WILLIAM BLOCK	1300 DIVISION ROAD, SUITE 102 WEST WARWICK, RI 02893 USA
DIRECTOR	DELISA ENGLISH	1099 BRACKEN RD PIEDMONT, SC 29673 USA
DIRECTOR	HARPREET SANDHU	3373 HILLVIEW AVE PALO ALTO, CA 94304 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

BLOOD CENTERS OF AMERICA, INC. 1300 DIVISION ROAD, SUITE 102 WEST WARWICK . RI 02893

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

Signed this 12 Day of March, 2024 at 2:52:10 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 KYLE TRAINOR
Signature of Authorized Person

Form No 631
Revised 09/07

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