



**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: 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.** 001698290

**2. Name of Corporation** Community Blessings Foundation

**3. State of Incorporation**

State: RI

**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

624230

**4. Principal Office Address**

No. and Street: 58 EAST MAIN ROAD

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

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

THE PURPOSE OF THE FOUNDATION IS TO (1) WORK WITH PARTNERS, COMMUNITY NETWORKS AND PUBLIC/PRIVATE FUNDING SOURCES TO INCREASE AVAILABILITY AND ACCESS TO RESOURCES THAT SUPPORT PREVENTION, EDUCATION AND INTEGRATED RECOVERY SOLUTIONS ACROSS THE ENTIRE CONTINUUM OF CARE FOR OUR YOUTH AND ADULTS AND FAMILIES IN RECOVERY; AND (2) CARRY ON ANY OTHER LAWFUL ACTIVITY IN SUPPORT OF AND TO BENEFIT THE ABOVE PURPOSES AS MAY BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE OF 1986, AS AMENDED, AND BY A CORPORATION UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES MCKENNA	58 OLD STONE CHURCH ROAD LITTLE COMPTON, RI 02827 USA
TREASURER	LISA OCONNELL	25 MARKET STREET SWANSEA, RI 02777 USA
DIRECTOR	CHRISTINE NOLAN	155 HARRIS AVENUE PORTSMOUTH, RI 02871 USA
DIRECTOR	NICHOLAS LONG	54 TAYLORS LANE LITTLE COMPTON, RI 02837 USA
DIRECTOR	JAMES MCKENNA	58 OLD STONE CHURCH ROAD LITTLE COMPTON, RI 02827 USA
DIRECTOR	LISA OCONNELL	25 MARKET STREET SWANSEA, RI 02777 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**

MATTHEW C. REEBER, ESQ. 1301 ATWOOD AVENUE, SUITE 215N JOHNSTON , RI 02919

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

**Signed this 21 Day of March, 2024 at 1:11:53 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 CHRISITNE NOLAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07