



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

REC'D RIDOS BSD
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1. Entity ID Number 001733782		2. Exact name of the Corporation Blackstone Radio Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To Operate a non profit Community radio station to serve the Community of Westerly, RI.			
4. NAICS Code 515112					
6. Principal Office Address 62 Franklin St.			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jacob Walker			Vice-President Name Kara Lawrence		
Street Address 21 Spring St			Street Address 21 Spring St		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Kerry Parks			Director Name Kara Lawrence		
Street Address 21 Spring St			Street Address 21 Spring St		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Jacob Walker			Director Name		
Street Address 21 Spring St			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Jacob Walker					Date 10/20/2024
Signature of Officer/Authorized Representative <i>Jacob Walker</i>					

FILED