



**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 2025: 2025

1. Corporate ID No. 000485888

2. Name of Corporation Blackstone Valley Development Corporation

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

624120

4. Principal Office Address

No. and Street: 500 PROSPECT STREET

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

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

THE PURPOSES FOR WHICH THE CORPORATION IS FORMED ARE AS FOLLOWS: A) TO WORK COOPERATIVELY WITH THE ARC OF BLACKSTONE VALLEY (ABV), A RHODE ISLAND CHARITABLE CORPORATION WHICH IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, WITHOUT LIMITATION, TO ACQUIRE, DEVELOP, OWN AND OPERATE REAL PROPERTY IN CONNECTION WITH PROJECTS SPONSORED BY ABV OR ITS AFFILIATED ENTITIES; B) TO DEVELOP, INITIATE, AND OPERATE COMMUNITY PROJECTS WHICH COMBAT COMMUNITY DETERIORATION, PROVIDE RELIEF FOR

UNDERPRIVILEGED MEMBERS OF THE COMMUNITY AND WHICH ARE CONSISTENT WITH COMMUNITY NEEDS AND DESIRES IN RHODE ISLAND AND ADJACENT STATES (TARGET AREA); TO ASSIST RESIDENTS AND OTHER ORGANIZATIONS WORKING IN THE TARGET AREA TO DEVELOP, INITIATE, AND OPERATE SUCH PROJECTS; C)TO CONSTRUCT, REHABILITATE, CONVERT AND OPERATE HOUSING FACILITIES FOR THE ELDERLY, PHYSICALLY HANDICAPPED OR FOR PERSONS WITH MENTAL RETARDATION AND RELATED DISABILITIES; TO PROVIDE RELATED SOCIAL SERVICES WITHIN THE HOUSING FACILITIES WHICH ARE CONSISTENT WITH COMMUNITY NEEDS AND DESIRES; D)TO ACQUIRE, OWN, CONSTRUCT, REHABILITATE, CONVERT AND OPERATE AFFORDABLE, LOW-INCOME HOUSING CONSISTENT WITH ALL APPLICABLE STATE AND FEDERAL SAFE HARBOR REQUIREMENTS; TO PROVIDE RELATED SOCIAL SERVICES WITHIN SUCH HOUSING FACILITIES WHICH ARE CONSISTENT WITH COMMUNITY NEEDS AND DESIRES; AND E)TO PROVIDE FINANCIAL AND TECHNICAL SUPPORT TO THOSE RESIDENTS AND GROUPS LIVING AND WORKING IN THE TARGET AREA WHO SEEK TO ACHIEVE THE FOREGOING PURPOSES OF THE CORPORATION AND TO AID AND ASSIST SUCH PERSONS AND GROUPS TO OBTAIN SUCH FINANCIAL AND TECHNICAL SUPPORT.

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 | WILLIAM J. SZAFAROWICZ | 4 OLD COACH ROAD WILBRAHAM, MA 01095 USA |
| TREASURER | JOSEPH F. MCENNESS | 68 PRAIRIE AVENUE NEWPORT, RI 02840 USA |
| SECRETARY | KATHLEEN ONEILL | 42 FAIRHAVEN ROAD CUMBERLAND, RI 02864 USA |
| DIRECTOR | JOSEPH F. MCENNESS | 68 PRAIRIE AVENUE NEWPORT, RI 02840 USA |
| DIRECTOR | THOMAS HODGE | 53 WILTON AVENUE PAWTUCKET, RI 02861 USA |
| DIRECTOR | WILLIAM J. SZAFAROWICZ | 4 OLD COACH ROAD WILBRAHAM, MA 01095 USA |
| DIRECTOR | KATHLEEN ONEILL | 42 FAIRHAVEN ROAD CUMBERLAND, RI 02864 USA |
| DIRECTOR | PAUL BENOIT | 412 45TH STREET ASTORIA, OR 97103 USA |
| DIRECTOR | JAMES CARROLL | 3 TAFT CIRCLE HOPEDALE, MA 01747 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

GARY R. PANNONE, 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 5 Day of February, 2025 at 11:56:53 AM 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 GARY R. PANNONE, ESQ.
Signature of Authorized Person

Form No. 631
Revised 09/07

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