



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025

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.

1. Entity ID Number 000030057		2. Exact name of the Corporation 30 BLACKSTONE BOULEVARD, INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Business Association Title 7-6			
4. NAICS Code 813910					
6. Principal Office Address PO Box 603200			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael Whelan			Vice-President Name N/A		
Street Address 30 Blackstone Blvd #102			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Benedicta Dyrea			Treasurer Name Lorraine Bacalles		
Street Address 30 Blackstone Blvd, #301			Street Address 30 Blackstone Blvd #102		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Michael Whelan			Director Name Lorraine Bacalles		
Street Address 30 Blackstone Blvd #102			Street Address 30 Blackstone Blvd #102		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Benedicta Dyrea			Director Name N/A		
Street Address 30 Blackstone Blvd, #301			Street Address		
City Providence	State RI	Zip 02906	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 Michael Whelan				Date 04-08-2025	
Signature of Officer/Authorized Representative <i>Michael Whelan</i>				APR 08 2025 BY <i>MXKPE</i> 940 PS	

MAIL TO:
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