



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: **2023**

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 <input type="checkbox"/> | | | | | |
| 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 Katelynn Lynch | | | Treasurer Name Lorraine Bacalles | | |
| Street Address 30 Blackstone Blvd, #103 | | | 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 <input type="checkbox"/> | | | | | |
| 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 Katelynn Lynch | | | Director Name N/A | | |
| Street Address 30 Blackstone Blvd, #103 | | | 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. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | | | |
| Name of Officer/Authorized Representative Michael Whelan | | | | | Date 04-08-2025 |
| Signature of Officer/Authorized Representative <i>Michael Whelan</i> | | | | | APR 09 2025 BY <i>MXKPE</i> 935 |

MAIL TO:
Division of Business Services
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