	State of Rhode Office of the Secreta			
	Division Of Business 148 W. River S	treet		
HOPE	Providence RI 0290 (401) 222-304			
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: 2022				
1. Corporate ID No. 000106040				
2. Name of Corporation <u>Blackstone Valley Center Memorial Foundation</u>				
3. State of Incorporation				
State: <u>RI</u>				
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 <u>click here.</u>				
<u>624120</u>				
4. Principal Office Address				
No. and Street: 500 PROSPECT STREET				
City or Town: <u>PAWTUC</u>	<u>CKET</u> Stat	e: <u>RI</u> Zip: <u>02860</u> Country: <u>USA</u>		
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
FOR CHARITABLE PURPOSES IN SUPPORT OF PEOPLE WITH MENTAL RETARDATION				
AND DEVELOPMENTAL DISABILITIES.				
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	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country		
PRESIDENT	WILLIAM J. SZAFAROWICZ	4 OLD COACH ROAD WILBRAHAM, MA 01095 USA		

	TREASURER	KATHLEEN ONEILL	42 FAIRHAVEN ROAD CUMBERLAND, RI 02864 USA
	SECRETARY	THOMAS E. HODGE	53 WILTON AVENUE PAWTUCKET, RI 02861 USA
	DIRECTOR	WILLIAM J. SZAFAROWICZ	4 OLD COACH ROAD WILBRAHAM, MA 01095 USA
	DIRECTOR	KATHLEEN O NEILL	42 FAIRHAVEN ROAD CUMBERLAND, RI 02864 USA
	DIRECTOR	THOMAS E. HODGE	53 WILTON AVENUE PAWTUCKET, RI 02861 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 14 Day of April, 2022 at 6:26:48 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 JOHN J. PADIEN III Signature of Authorized Person

Form No. 631 Revised 09/07

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