ID#87174

07 FS-1

Due By April 25, 2008

Rhode Island Ethics Commission

2007 YEARLY FINANCIAL STATEMENT

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
08 APR 25 AM 9:45

LEO R BLAIS
40 BANK STREET
COVENTRY RI 02816-0000

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2007 THROUGH DECEMBER 31, 2007 UNLESS OTHERWISE SPECIFIED.
PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee that is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2007 Yearly Financial Statement in the mail but believe you did not hold a public position in 2007 or 2008 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. BLAIS — LEO — R.
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 40 BANK STREET — COVENTRY — 02816
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (If different from home address)

3. List Public Position(s) you hold and governmental unit:

Rhode Island Senate — District 21
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 1993 (date) I was appointed on _____ (date). I was hired on _____ (date).

If you no longer hold a public position, state date of termination or resignation _____.

4. List elected office(s) for which you were/are a candidate in either calendar year 2007 or 2008 (Read instruction #4)

Rhode Island Senate

5. List the following: NAME OF SPOUSE Beverly A. NAME(S) OF DEPENDENT CHILD OR CHILDREN
Jeremy L.
Leanne G.

6. List the names of any employer from which you, your spouse, or dependent child received $1,000 or more gross income during calendar year 2007. If self-employed, list any occupation from which $1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of $250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of $250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
See ATTACHMENT 1 Section 6		

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
Beverly, Leo	Ownership	Vacant Lot Bank St
Beverly,Leo	Ownership	Vacant Lot, Stone St

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received $1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: P.V. Prescription and Surgical Ctr Profit Sharing Plan

NAME OF TRUSTEE AND ADDRESS: Leo R. Blais, 65 Sandy Bottom Rd Coventry RI 02816

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: Leo R. Blais

ASSETS: Stocks, Mutual Funds

9. List the name and address of any business, profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
	See Attachment 1 Section 9	

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of $100 in cash or property during calendar year 2007 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING GIFT OR CONTRIBUTION	NAME AND ADDRESS OF PERSON OR ENTITY MAKING GIFT OR CONTRIBUTION
N/A	

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a $5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS
See Attachment 2 Section 11	

12. If any business listed in #11, above, did business in excess of a total of $250 in calendar year 2007 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS	NAME OF AGENCY	DATE AND NATURE OF TRANSACTION
P.V. Prescription 65 Sandy Bottom Rd, Coventry	DHS	2007 RX Services
P.V. Prescription 65 Sandy Botom Road, Coventry RI	Eleanor Slater Hospital	2007 RX Services

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS	NAME OF REGULATING AGENCY
P.V. Prescription And Surgical Ctr 65 Sandy Botom Road Coventry	DOH

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a $5,000 or greater ownership or investment interest in a business after January 1, 2008 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS	DESCRIPTION OF INTEREST (NOT AMOUNT) AND DATE ACQUIRED AND/OR DIVESTED
N/A	

NAME OF REGULATING AGENCY	HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a $5,000 or greater ownership or investment interest in a business after January 1, 2008 and before the date you file this statement, which did business in excess of $250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS	DESCRIPTION OF INTEREST DATE ACQUIRED AND/OR DIVESTED (DO NOT INCLUDE AMOUNT)	NAME OF STATE OR MUNICIPAL AGENCY
N/A		

16. If you, your spouse or dependent child were indebted in an amount in excess of one thousand dollars ($1,000) to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR	NAME AND ADDRESS OF LENDER
See Attachment 2 Section 16	

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2007 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

SIGNATURE

State of Rhode Island
County of Kent

Subscribed and sworn to before me at Coventry this 23rd day of April 2008.

My Commission expires: 08-06-2010

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

ATTACHMENT 1

SECTION 6

NAME OF FAMILY MEMBER	NAME/ADDRESS OF BUSINESS	POSITION
Leo	Pawtuxet Valley Prescription ,Coventry	2007 President
Leo	Coventry Credit Union , Coventry	2007 BOD
Leo	State of RI, Providence	2007 Senator
Beverly	Pawtuxet Valley Prescription	2007 Pharmacy Tech
Jeremy	Pawtuxet Valley Prescription	2007 Pharmacy Intern
Jeremy	Town Of Narragansett	2007 Lifeguard
Leanne	RIDEM, Providence	2007 Lifeguard

SECTION 9

NAME OF FAMILY MEMBER	NAME/ADDRESS OF BUSINESS	POSITION
Leo	Coventry Credit Union, Coventry	BOD
Leo	PV Prescription, Coventry	President
Leo	Bev-Lee, LLC 40 Bank St., Coventry	Member
Leo	Moo-Cow, LLC 65 Sandy Bottom Rd, Cov	Member
Leo	Narya,LLC 65 Sandy Bottom Rd, Coventry	Member
Leo	Sandy Bottom Properties, Coventry	Member
Leo	Brain Injury Assoc. of RI Cranston	BOD
Leo	Palantiri, Inc	G.P.
Leo	Nenya, Vilya, Riendell,LLC's,Coventry	Member
Beverly	Nenya,Vilya,Rivendell,LLC's,Coventry	Member
Beverly	Palantiri,Inc	L.P.
Beverly	Bev-Lee,LLC	Member
Jeremy	Palantiri,Inc	L.P.
Leanne	Palantiri,Inc.	L.P.

ATTACHMENT 2

SECTION 11

NAME OF FAMILY MEMBER	NAME/ADDRESS OF BUSINESS
Leo	Pawtuxet Valley Pres.,65 Sandy Bottom Rd. Coventry
Leo	Moo-Cow,LLC 65 Sandy Bottom Rd .Coventry
Leo	Bev-Lee, LLC 40 Bank St., Coventry
Leo	Sandy Bottom Properties,65 Sandy Bottom Rd ,Coventry
Leo	Palantiri, Inc 65 Sandy Bottom Rd, Coventry
Leo	Narya,LLC 65 Sandy Bottom Rd, Coventry
Leo	Nenya,Vilya,Rivendell,LLC's Coventry
Beverly	Nenya,Vilya,Rivendell,LLC's,Coventry
Beverly	Palantiri,Inc.,65 Sandy Bottom Rd, Coventry
Beverly	Narya,LLC,65 Sandy Bottom Rd ,Coventry
Jeremy	Palantiri,Inc 65 Sandy Bottom Rd. ,Coventry
Leanne	Palantiri,Inc 65 Sandy Bottom Rd, Coventry

SECTION 16

NAME AND ADDRESS OF DEBTOR	NAME/ADDRESS OF LENDER
Leo &Beverly 40 Bank St., Coventry	Bank Newport 500 W.Main Rd., Middletown
(SAME)	GMAC Mortgage, PO Box 830117,Baltimore,MD
(SAME)	Centreville Bank,777 Tiogue Ave., Coventry RI
(SAME)	Audi Financial, PO Box 7247 Philadelphia, PA
(SAME)	Ford Motor Credit, PO Box 6248,Dearborn MI
Leo	BankRI ,Providence
Leo	Greenwood Credit Union,2669 Post Rd, Warwick