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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
148003	Kenvo Foundation
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	To raise money and distribute it to charitable organizations

5. Principal office address	City	State	Zip
128 Ten Rod Road	Exeter	RI	02822

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Mark E. Votta			Joseph Flaherty		
Street Address			Street Address		
128 Ten Rod Road			76 Baldwin Drive		
City	State	Zip	City	State	Zip
Exeter	RI	02822	Warwick	RI	02886
Secretary Name			Treasurer Name		
Cynthia Flanagan			Cynthia Flanagan		
Street Address			Street Address		
311 Greenwich Avenue, Apt D228			311 Greenwich Avenue, Apt D228		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Mark E. Votta			James V. Aukerman		
Street Address			Street Address		
128 Ten Rod Road			60 South County Commons Way, Suite G4		
City	State	Zip	City	State	Zip
Exeter	RI	02822	Wakefield	RI	02879
Director Name			Director Name		
Joseph Flaherty			Cynthia Flanagan		
Street Address			Street Address		
76 Baldwin Drive			311 Greenwich Avenue, Apt D228		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED
JUN 04 2015
BY 240

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative — Date: 5/22/15

Mark E. Votta/President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
121540-31-1037097