



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. <u>247820</u>		2. Exact name of the Corporation <u>Kevin Carney Memorial Fund</u>			
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>College Giving scholarships in memory of Kevin Carney</u>			
5. Principal office address <u>65 Terrace Drive</u>		City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>David Bulawka</u>			Vice-President Name		
Street Address <u>65 Terrace Drive</u>			Street Address		
City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>Susan Bulawka</u>			Director Name <u>Jennifer Macari</u>		
Street Address <u>65 Terrace Drive</u>			Street Address <u>5 Kerri Lyn Road</u>		
City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>
Director Name <u>Donald Dion</u>			Director Name		
Street Address <u>223 Raccoca Run Rd.</u>			Street Address		
City <u>Coventry</u>	State <u>R.I.</u>	Zip <u>02816</u>	City	State	Zip
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

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.

David Bulawka 6/17/15
 Signature of Officer or Authorized Representative Date

David Bulawka
 Print or Type Name of Officer or Authorized Representative

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