



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
91039		KENYON FARMS CONDOMINIUM ASSOCIATION			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		PRESERVATION AND CONTROL OF THE KENYON FARMS CONDOMINIUM			
5. Principal Office Address		City	State	Zip	
133 OLD TOWER HILL ROAD, STE. 1		WAKEFIELD	RI	02879	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name RAYMOND S. KAGELS		Vice-President Name LINDA K. KENYON			
Street Address PO BOX 575		Street Address 3994 CHERRYBROOK LOOP			
City WAKEFIELD	State RI	Zip 02880	City FORT MYERS	State FL	Zip 33966
Secretary Name ROBERT K. KAGELS		Treasurer Name RAYMOND S. KAGELS			
Street Address 632 PARK ROAD		Street Address PO BOX 575			
City W. HARTFORD	State CT	Zip 16107	City WAKEFIELD	State RI	Zip 02880
7. 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 RAYMOND S. KAGELS		Director Name LINDA K. JOHNSON			
Street Address PO BOX 575		Street Address 3994 CHERRYBROOK LOOP			
City WAKEFIELD	State RI	Zip 02880	City FORTY MYERS	State FL	Zip 33966
Director Name ROBERT K. KAGELS		Director Name			
Street Address 632 PARK ROAD		Street Address			
City W. HARTFORD	State CT	Zip 16107	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative RAYMOND S. KAGELS, PRESIDENT				Date 5/15/16	
Signature of Officer/Authorized Representative <i>Raymond S. Kagels</i>				SIGN DOCUMENT HERE	

FILED

MAY 19 2016

BY *KL 2055*