



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

FILED

JUN 29 2016

345

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

BY

LOA

1. Entity ID Number		2. Exact name of the Corporation			
247820		Kevin Carney Memorial Fund			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Giving college scholarships			
5. Principal Office Address		City	State	Zip	
65 Terrace Dr.		E. Greenwich	RI	02818	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
David Bulawka					
Street Address			Street Address		
65 Terrace Dr.					
City	State	Zip	City	State	Zip
E. Greenwich	RI	02818			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City			City		
State	Zip	State	Zip		
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			Director Name		
Susan Bulawka			Jennifer Maceri		
Street Address			Street Address		
65 Terrace Dr.			6 Kerri Lyn Rd		
City	State	Zip	City	State	Zip
E. Greenwich	RI	02818	Warwick	RI	02889
Director Name			Director Name		
Donald Dion					
Street Address			Street Address		
223 Raccoon Run Rd					
City	State	Zip	City	State	Zip
Coventry	RI	02816			
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
David Bulawka				6/26/16	
Signature of Officer/Authorized Representative					