



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

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 247820		2. Exact name of the Corporation Kevin Carney Memorial Fund			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island <i>Golf Tournament</i>			
4. NAICS Code 813219 - Other Grantmaking an					
6. Principal Office Address 65 Terrace Drive		City E Greenwich	State RI	Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Bulawka		Vice-President Name			
Street Address 65 Terrace Dr		Street Address			
City E Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. 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 Susan J Bulawka		Director Name Jennifer Macari			
Street Address 65 Terrace Dr		Street Address 5 Kerri Lyn Rd			
City E Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02889
Director Name Donald Dion		Director Name			
Street Address 223 Raccoon Run Rd		Street Address			
City Coventry	State RI	Zip 02816	City	State	Zip
9. 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 David Bulawka				Date July 10, 2017	
Signature of Officer/Authorized Representative <i>David Bulawka</i>				FILED <i>J</i> JUL 13 2017 BY <u>310</u>	

MAIL TO:
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