



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

Annual Report for the year: 2018
 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 130714		2. Exact name of the Corporation J.F. Kennedy Manor Association Corporation			
3. State of Incorporation RJ		5. Brief description of the character of business conducted in Rhode Island Bingo - Wii Game - Crochet Group for Veterans Crib League - Dinners - Parties - Memorial Day & Veterans Day Ceremonies			
4. NAICS Code 813319					
6. Principal Office Address 547 Clinton St APT 802		City WOONSOCKET	State RJ	Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DENISE LEVEILLEE			Vice-President Name PAULINE CLANCY		
Street Address 547 Clinton St APT 802			Street Address 547 Clinton St APT 817		
City WOONSOCKET	State RJ	Zip 02895	City WOONSOCKET	State RJ	Zip 02895
Secretary Name FRIDE MARGIE DESROSIERES			Treasurer Name LINDA M. SMITH		
Street Address 547 Clinton St APT 921			Street Address 547 Clinton St APT 918		
City WOONSOCKET	State RJ	Zip 02895	City WOONSOCKET	State RJ	Zip 02895
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 PAULINE LEDOUX			Director Name FRANCES BARRET		
Street Address 547 Clinton St APT 406			Street Address 547 Clinton St APT 1016		
City WOONSOCKET	State RJ	Zip 02895	City WOONSOCKET	State RJ	Zip 02895
Director Name CONSTANCE SEIDER			Director Name		
Street Address 547 Clinton St APT 519			Street Address		
City WOONSOCKET	State RJ	Zip 02895	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 DENISE LEVEILLEE				Date 6-4-2018	
Signature of Officer/Authorized Representative <i>Denise M. Leveillee</i>				SIGN DOCUMENT HERE	

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 06 2018
 BY 15208 FORM 631 - Revised: 11/2017