



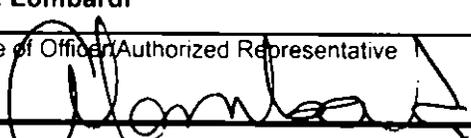
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Non-Profit Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2019 SEP 23 PM 12:14

- 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 1661078		2. Exact name of the Corporation Kenny's Coalition, Inc.					
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Event planning and fundraising for families facing serious illness					
4. NAICS Code 624229 - Other Communit <input type="checkbox"/>							
6. Principal Office Address 481 Atwood Ave				City Cranston		State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name			Vice-President Name				
Street Address			Street Address				
City		State	Zip	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 April Lombardi			Director Name Mary Ann Fura				
Street Address 7 Indigo Farm Road			Street Address 2 Robin Way				
City Harrisville		State RI	Zip 02830	City North Smithfield		State RI	Zip 02896
Director Name Erin Bradford			Director Name				
Street Address 850 Black Plain Rd			Street Address				
City North Smithfield		State RI	Zip 02896	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 April A. Lombardi						Date 9/20/19	
Signature of Officer/Authorized Representative 						SIGN DOCUMENT HERE FILED SEP 23 2019 12:15	

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

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