



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

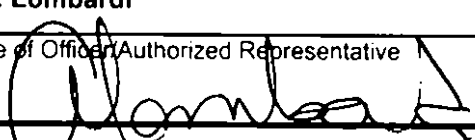
**Annual Report for the year: 2018**

**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.

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 BUS SVCS DIV

2019 SEP 23 PM 12:14

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

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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