



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

Annual Report for the year: 2020
 Non-Profit Corporation

STAMP

- 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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 JUN 26 PM 2:26

1. Entity ID Number 000154312		2. Exact name of the Corporation The Kennedy Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Better quality of life for the residents at Kennedy Manor.	
4. NAICS Code 813319			
6. Principal Office Address 175 Broad Street		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mike Perez		Vice-President Name George Otis	
Street Address 175 Broad Street		Street Address 175 Broad Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name Tanya Cabral		Treasurer Name Deborah Fernandes	
Street Address 175 Broad Street		Street Address 175 Broad Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
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 George Otis		Director Name Tanya Cabral	
Street Address 175 Broad Street		Street Address 175 Broad Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Director Name Francis Boyd		Director Name Deborah Fernandes	
Street Address 175 Broad St		Street Address 175 Broad Street	
City Pawtucket, RI		City Pawtucket	State RI
		Zip 02860	
9. Registered Agent in Rhode Island Deborah Fernandes		Date 6-24-2020	
Signature of Officer/Authorized Representative <i>Deborah Fernandes</i>			

This annual report **MUST** be signed and dated by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Department of State. Changes require filing Form 641.

Under penalty of perjury, I do hereby certify that the information provided in this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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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 Deborah Fernandes		Date 6-24-2020
Signature of Officer/Authorized Representative <i>Deborah Fernandes</i>		

SIGN DOCUMENT HERE

FILED