RI SOS Filing Number: 202196209100 Date: 5/5/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2020
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	2. Exact name of the Corporation
000550859	Kenyon Terrace Apartments, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: TO PROVIDE ELDERLY OR DISABLED PERSONS WITH HOUSING FACILITIES AND SERVICES
4. NAICS Code: 624120 - Services for Elderly and	

6. Principal Office Address	City	State	Zip
P.O. BOX 20123	CRANSTON	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: DAVID REISS			Vice-President Name: DANIEL WARD		
Street Address: 281 TABLE ROCK ROAD			Street Address: 14 TINGLEY DRIVE		
City: WAKEFIELD	State: RI	Zip: 02879	City: CUMBERLAND	State: RI	Zip: 02864
Secretary Name: LINDA N. WARD			Treasurer Name: MICHAEL CRISCIONE		
Street Address: 17 OLD PHENIX AVENUE			Street Address: 195 MARJORAM DRIVE		
City: CRANSTON	State: RI	Zip: 02921	City: CRANSTON	State: RI	Zip: 02921

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: SHARON GAMAGE			Director Name: LEE BELIVEAU		
Street Address: 303 TWIN BROOK LANE			Street Address: HERBERT STREET		
City: COVENTRY	State: RI	Zip: 02816	City: EAST GREENWICH	State: RI	Zip: 02818
Director Name: DAVID REISS			Director Name:		
Street Address: 281 TABLE ROCK ROAD			Street Address:		
City: WAKEFIELD	State: RI	Zip: 02879	City:	State:	Zip:

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9. The Registered Agent information of record with the RI Department of State is accurate. 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.

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	Date
~~Linda N. Ward~~ Daniel Ward	~~04/6/2021~~ 5/3/2021

Signature of Officer/Authorized Representative: Linda N. Ward

FILED
MAY 05 2021
BY 07LW2 A.A.

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

FORM 631 - Revised: 08/2020