



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001706972

2. Name of Corporation Kyle's Legacy Inc.

3. State of Incorporation

State: MA

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 51 WATER STREET
City or Town: BRAINTREE State: MA Zip: 02184 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: PO BOX 555
City or Town: HOLBROOK State: MA Zip: 02343 Country: UNI

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

RAISING FUNDS FOR CANINE CANCER RESEARCH AND TREATMENT

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	TINA M. VISALLI	60 TOWER AVENUE EAST PROVIDENCE, RI 02914 USA
TREASURER	TINA M VISALLI	60 TOWER AVE EAST PROVIDENCE, RI 02914 USA
SECRETARY	TARA COYLE-COLLEARY	51 WATER STREET BRAintree, MA 02184 USA
CHAIRMAN OF THE BOARD	KIMBERLY A PENQUE	5 GLENWOOD CIR ATTLEBORO, MA 02703 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

TINA M. VISALLI 60 TOWER AVENUE EAST PROVIDENCE , RI 02914

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of June, 2021 at 9:48:03 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By TINA M VISALLI
Signature of Authorized Person

Form No. 631
Revised 09/07

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