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State of Rhode Island
Department of State - Business Services Division

FILED
JUN 17 2021
BY

Annual Report for the year: 2021
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
1693297	**The Never Dunne Corporation**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Organized exclusively for charitable and scientific educational purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code, to include providing services and fulfilling last wishes to persons afflicted with Glioblastoma Brain Cancer
4. NAICS Code: 624190 - Other Individual and Fa	

6. Principal Office Address	City	State	Zip
17 Fairport Avenue	Narragansett	RI	02882

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

President Name: Michele L. Dunne			Vice-President Name: None		
Street Address: 17 Fairport Avenue			Street Address:		
City: Narragansett	State: RI	Zip: 02882	City:	State:	Zip:
Secretary Name: Stephen Kiernan			Treasurer Name: Michael Kiernan		
Street Address: 45 York Road			Street Address: 197 Riverside Drive		
City: Wayland	State: MA	Zip: 01778	City: Nowell	State: MA	Zip: 02061

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

Director Name: Michele L. Dunne			Director Name: Michael Kiernan		
Street Address: 17 Fairport Avenue			Street Address: 197 Riverside Drive		
City: Narragansett	State: RI	Zip: 02882	City: Nowell	State: MA	Zip: 02061
Director Name: Stephen Kiernan			Director Name:		
Street Address: 45 York Road			Street Address:		
City: Wayland	State: MA	Zip: 01778	City:	State:	Zip:

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
Michele L. Dunne	June 15, 2021

Signature of Officer/Authorized Representative: Michele L. Dunne

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