



**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

**Non-Profit Corporation
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. 000027483

2. Name of Corporation Kentco Properties, Inc.

3. State of Incorporation

State: RI

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: 2756 POST ROAD, SUITE 104

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

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

TO HOLD REAL PROPERTY FOR KENT COUNTY MENTAL HEALTH CENTER,INC.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT/CEO	DANIEL KUBAS-MEYER	2756 POST ROAD WARWICK, RI 02886 USA
TREASURER	MARK DELANEY	138 BRIGADE DRIVE

		SAUNDERSTOWN, RI 02852 USA
DIRECTOR	FRED REINHARDT	2669 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	MICHAEL RASPALLO	22 MAYFIELD STREET GREENVILLE, RI 02828 USA
DIRECTOR	JENNIFER WHEELER	3288 POST ROAD WARWICK, RI 02886 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**

DAVID S. LAUTERBACH 2756 POST ROAD, SUITE 104 WARWICK , RI 02886

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

Signed this 29 Day of October, 2021 at 10:40:23 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 DEBRA CARROLL
Signature of Authorized Person

Form No. 631
Revised 09/07

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