



**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: February 1 - May 1

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: 2022

1. Corporate ID No. 000550859

2. Name of Corporation Kenyon Terrace Apartments, 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: P.O. BOX 20123
City or Town: CRANSTON State: RI Zip: 02920 Country: USA

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

TO PROVIDE ELDERLY OR DISABLED PERSONS WITH HOUSING FACILITIES AND SERVICES

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	DAVID REISS	281 TABLE ROCK ROAD WAKEFIELD, RI 02879 USA

TREASURER	MICHAEL CRISCIONE	195 MARJORAM DRIVE CRANSTON, RI 02921 USA
SECRETARY	LINDA N WARD	17 OLD PHENIX AVE CRANSTON, RI 02921 US
VICE PRESIDENT	DANIEL WARD	14 TINGLEY DR CU,BERLAND, RI 02864 USA
DIRECTOR	SHARON GAMAGE	303 TWIN BROOK LANE COVENTRY, RI 02816 USA
DIRECTOR	DAVID REISS	281 TABLE ROCK ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	LEE BELIVEAU	HERBERT STREET EAST GREENWICH, RI 02818 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**

MELISSA M. HORNE. ESQ. 10 DORRANCE STREET, SUITE 400 PROVIDENCE , RI 02903

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

Signed this 12 Day of April, 2022 at 9:34:27 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 LINDA N WARD
Signature of Authorized Person

Form No. 631
Revised 09/07

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