



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024

STAMP

Non-Profit Corporation

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- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000148003		2. Exact name of the Corporation Kenvo Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To raise money and distribute it to charitable organizations			
4. NAICS Code 811310					
6. Principal Office Address 128 Ten Rod Road			City Exeter	State RI	Zip 02822
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark E. Votta			Vice-President Name Joseph Flaherty		
Street Address 128 Ten Rod Road			Street Address 76 Baldwin Road		
City Exeter	State RI	Zip 02822	City Warwick	State RI	Zip 02886
Secretary Name Cynthia Flanagan			Treasurer Name Cynthia Flanagan		
Street Address 650 East Greenwich Avenue			Street Address 650 East Greenwich Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark E. Votta			Director Name Joseph Flaherty		
Street Address 128 Ten Rod Road			Street Address 76 Baldwin Road		
City Exeter	State RI	Zip 02822	City Warwick	State RI	Zip 02886
Director Name Cynthia Flanagan			Director Name		
Street Address 650 East Greenwich Avenue			Street Address		
City West Warwick	State RI	Zip 02893	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Cynthia Flanagan					Date 1/18/2024
Signature of Officer/Authorized Representative <i>Cynthia Flanagan</i>					

FILED 1154
JAN 30 2024
BY 1157

MAIL TO:
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