



Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

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

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1. Entity ID Number 1693297		2. Exact name of the Corporation 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 and to provide services and last wishes to persons with Glioblastoma Brain Cancer.			
4. NAICS Code 624190 - Other Individual and Fa					
6. Principal Office Address 17 Fairport Avenue		City Narragansett	State RI	Zip 02882	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michele L. Dunne			Vice-President Name Reagan S. Dunne		
Street Address 17 Fairport Avenue			Street Address 17 Fairport Avenue		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 <input type="checkbox"/>					
Director Name Michele 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 Reagan S. Dunne		
Street Address 45 York Road			Street Address 17 Fairport Avenue		
City Wayland	State MA	Zip 01778	City Narragansett	State RI	Zip 02882
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 Michele L. Dunne				Date May 3, 2024	
Signature of Officer/Authorized Representative 					