



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025
Non-Profit Corporation

FEB 13 2025
BY 207 *OL*

- 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 <u>000130714</u>		2. Exact name of the Corporation <u>J.F. Kennedy Manor Association Corporation</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Bingo - wii games - parties - Memorial Day</u> <u>Veterans Day Ceremonies</u>	
4. NAICS Code <u>81319</u>			
6. Principal Office Address <u>547 Clinton ST Apt 918</u>		City <u>Woonsocket</u>	State <u>R.I.</u>
		Zip <u>02895</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>PAULINE CLANCY</u>		Vice-President Name <u>JEROME M. KEVERAULT</u>	
Street Address <u>547 Clinton ST Apt 817</u>		Street Address <u>547 Clinton ST Apt 207</u>	
City <u>Woonsocket</u>	State <u>R.I.</u>	City <u>Woonsocket</u>	State <u>R.I.</u>
Zip <u>02895</u>		Zip <u>02895</u>	
Secretary Name		Treasurer Name <u>LINDA M. SMITH</u>	
Street Address		Street Address <u>547 Clinton ST Apt 918</u>	
City	State	City <u>Woonsocket</u>	State <u>R.I.</u>
Zip <u>02895</u>		Zip <u>02895</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>CHRISTINE CASAVANT</u>		Director Name <u>MARION LIARD</u>	
Street Address <u>547 Clinton ST Apt 818</u>		Street Address <u>547 Clinton ST Apt 619</u>	
City <u>Woonsocket</u>	State <u>R.I.</u>	City <u>Woonsocket</u>	State <u>R.I.</u>
Zip <u>02895</u>		Zip <u>02895</u>	
Director Name <u>CONSTANCE SEIDER</u>		Director Name	
Street Address <u>547 Clinton ST Apt 679</u>		Street Address	
City <u>Woonsocket</u>	State <u>R.I.</u>	City	State
Zip <u>02895</u>		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 <u>Linda M. Smith</u>			Date <u>4-30-2024</u>
Signature of Officer/Authorized Representative <i>[Signature]</i>			