RI SOS Filing Number: 202565880440 Date: 2/19/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

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.

FEB 19 2025

BY ML 1177

1. Entity ID Number	2. Exact name of the Corporation					
000148003	Kenvo Foundation					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
RI	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 a	iddresses)		· · · · · · · · · · · · · · · · · · ·	Check the box to in	dicate an attachment	
President Name			Vice-President Name			
Mark E. Votta			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 MU:	ST list at least THREE directors	check the box to ind	icate an attachment	
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.						
This report must be signed by either the Pi		-		d Representative, Receiver	or Trustee.	
Name of Officer/Authorized Representative				Date		
Mark E Votta	a			Januar	January 31, 2025	
Signature of Officer/Authorized Representative						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov