

**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**Foreign Non-Profit
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 - ENTER THE CURRENT YEAR 2025: 2025**1. Corporate ID No.** 001706972**2. Name of Corporation** Kyle's Legacy Inc.**3. State of Incorporation**State: MA**NAICS CODE**

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

813312**4. Principal Office Address**No. and Street: 51 WATER STREETCity or Town: BRAINTREEState: MAZip: 02184Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**RAISING FUNDS FOR CANINE CANCER RESEARCH AND TREATMENT**6. Names and Addresses of the Officers and Directors:****All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	TINA M. VISALLI	60 TOWER AVENUE EAST PROVIDENCE, RI 02914 USA
TREASURER	TINA M VISALLI	60 TOWER AVE EAST PROVIDENCE, RI 02914 USA
SECRETARY	TARA COYLE-COLLEARY	51 WATER STREET BRAINTREE, MA 02184 USA
CHAIRMAN OF THE BOARD	KIMBERLY A PENQUE	5 GLENWOOD CIR ATTLEBORO, MA 02703 USA
BOARD MEMBER	TARA COYLE-COLLEARY	51 WATER STREET BRAINTREE, MA 02814 USA
DIRECTOR	MELISSA JONES	1 GRANBY LANE PLYMOUTH, MA 02360 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

TINA M. VISALLI 60 TOWER AVENUE EAST PROVIDENCE , RI 02914

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

Signed this 6 Day of March, 2025 at 10:20:54 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 TINA M VISALLI
Signature of Authorized Person

Form No. 631
Revised 09/07

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