

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.

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1. Entity ID Number	2. Exact name of the Corporation				
1693297	The Never Dunne Corporation				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Organized exclusively for charitable and scientific educational purposes and to				
4. NAICS Code	provide services and last wishes to persons with Glioblastoma Brain Cancer.				
624190 - Other Individual and Fa			·		
6. Principal Office Address			City	State	Zip
17 Fairport Avenue			Narragansett	RI	02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
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 Melissa Gama			Treasurer Name Madison 🗘 Dunne		
Street Address 2 Aroostock Trail			Street Address 17 Fairport Avenue		
^{City} Narragansett	State RI	^{Zip} 02882	City Narragansett	State RI	^{Zip} 02882
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Michele Dunne			Director Name Reagan Dunne		
Street Address 17 Fairport Avenue			Street Address 17 Fairport Avenue		
^{City} Narragansett	State RI	^{Zip} 02882	^{City} Narragansett	State RI	^{Zıp} 02882
Director Name Melissa Gama			Director Name Madison L Dunne		
Street Address 2 Aroostock Trail			Street Address 17 Fairport Avenue		
^{City} Narragansett	State RI	^{Zip} 02882	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, Treesurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Michele L. Dunne May 12					, 2025
Signature of Officer/Authorized Representative .FILED					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 20 2025 BY 184 HA

FORM 631 - Revised: 11/2021

Attachment to the 2025 Annual Report of

The Never Dunne Corporation

Corporate ID No.: 1693297

Additional Director:

Kerri Lyn Reardon 68 Old Mill Road Charlestown, RI 02813