



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2011
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 000027343		2. Exact name of the Corporation The Kane - Barrengos Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable foundation makes gifts to non-profit organizations.			
4. NAICS Code 813211					
6. Principal Office Address 114 Margarite Road Extension			City Middletown	State CT	Zip 06457
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Barrengos			Vice-President Name Diana Cohen		
Street Address 114 Margarite Road Extension			Street Address 85 Scrabbletown Road		
City Middletown	State CT	Zip 06457	City North Kingstown	State RI	Zip 02852
Secretary Name Diana Cohen			Treasurer Name Diana Cohen		
Street Address 85 Scrabbletown Road			Street Address 85 Scrabbletown Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 John Barrengos			Director Name Diana Cohen		
Street Address 114 Margarite Road Extension			Street Address 85 Scrabbletown Road		
City Middletown	State CT	Zip 06457	City North Kingstown	State RI	Zip 02852
Director Name Andrew Barrengos			Director Name		
Street Address 128 Sycamore Ave			Street Address		
City Milwaukie	State CA	Zip 94941	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 President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative John Barrengos					Date 8/4/25
Signature of Officer/Authorized Representative <i>John R Barrengos</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

AUG 15 2025

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BY RJXBV

FORM 631 - Revised: 12/2023