



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2010
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 85 Scrabbletown Road | | City North Kingstown | State RI |
| | | Zip 02852 | |
| 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 79 Kenyon Street | | Street Address 85 Scrabbletown Road | |
| City Hartford | State CT | City North Kingstown | State RI |
| Zip 06105 | | 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 | City North Kingstown | State RI |
| Zip 02852 | | 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 79 Kenyon Street | | Street Address 85 Scrabbletown Road | |
| City Hartford | State CT | City North Kingstown | State RI |
| Zip 06105 | | Zip 02852 | |
| Director Name Andrew Barrengos | | Director Name | |
| Street Address 128 Sycamore Ave | | Street Address | |
| City Mill Valley | State CA | City | State |
| Zip 94941 | | 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 8/14/25 |
| 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

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