



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2001

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 <u>000027343</u>		2. Exact name of the Corporation <u>The Kane - Barrengos Foundation</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Charitable foundation makes gifts to non-profit organizations.</u>	
4. NAICS Code <u>813211</u>			
6. Principal Office Address <u>85 Scrabbletown Road</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Diana Cohen</u>		Vice-President Name <u>John Barrengos</u>	
Street Address <u>85 Scrabbletown Road</u>		Street Address <u>49 Clinton Avenue</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>Dobbs Ferry</u>	State <u>NY</u>
Zip <u>02852</u>		Zip <u>10522</u>	
Secretary Name <u>Diana Cohen</u>		Treasurer Name <u>Diana Cohen</u>	
Street Address <u>85 Scrabbletown Rd</u>		Street Address <u>85 Scrabbletown Road</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
Zip <u>02852</u>		Zip <u>02852</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Diana Cohen</u>		Director Name <u>John Barrengos</u>	
Street Address <u>85 Scrabbletown Road</u>		Street Address <u>49 Clinton Avenue</u>	
City <u>North Kingstown</u>	State <u>RI</u>	City <u>Dobbs Ferry</u>	State <u>NY</u>
Zip <u>02852</u>		Zip <u>10522</u>	
Director Name <u>Edythe Winslow</u>		Director Name	
Street Address <u>35 Balton Road</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02900</u>		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 <u>John Barrengos</u>			Date <u>8/4/25</u>
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

AUG 15 2025

BY RJXBV

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FORM 631- Revised: 12/2023