



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2000
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 Diana Cohen		Vice-President Name John Barrengos	
Street Address 85 Scrabbletown Road		Street Address 49 Clinton Avenue	
City North Kingstown	State RI	City Dobbs Ferry	State NY
Zip 02852		Zip 10522	
Secretary Name Diana Cohen		Treasurer Name Diana Cohen	
Street Address 85 Scrabbletown Rd		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 Diana Cohen		Director Name John Barrengos	
Street Address 85 Scrabbletown Road		Street Address 49 Clinton Avenue	
City North Kingstown	State RI	City Dobbs Ferry	State NY
Zip 02852		Zip 10522	
Director Name Edythe Winslow		Director Name	
Street Address 35 Balton Road		Street Address	
City Providence	State RI	City	State
Zip 02900		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 			

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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BY

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