



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 1998

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.

REC'D RIDOS BSD  
25 AUG 15 AM 11:58:46

REC'D RIDOS BSD  
25 AUG 12 AM 9:42:05

1. Entity ID Number <b>000027343</b>		2. Exact name of the Corporation <b>The Kane - Barrengos Foundation</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Charitable foundation makes gifts to non-profit organizations.</b>	
4. NAICS Code <b>813211</b>			
6. Principal Office Address <b>85 Scrabbletown Road</b>		City <b>North Kingstown</b>	State <b>RI</b>
		Zip <b>02852</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Diana Cohen</b>		Vice-President Name <b>John Barrengos</b>	
Street Address <b>85 Scrabbletown Road</b>		Street Address <b>170 Centre Street</b>	
City <b>North Kingstown</b>	State <b>RI</b>	City <b>Milton</b>	State <b>MA</b>
Zip <b>02852</b>		Zip <b>02186</b>	
Secretary Name <b>Diana Cohen</b>		Treasurer Name <b>Diana Cohen</b>	
Street Address <b>85 Scrabbletown Rd</b>		Street Address <b>85 Scrabbletown Road</b>	
City <b>North Kingstown</b>	State <b>RI</b>	City <b>North Kingstown</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02852</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Diana Cohen</b>		Director Name <b>John Barrengos</b>	
Street Address <b>85 Scrabbletown Road</b>		Street Address <b>170 Centre Street</b>	
City <b>North Kingstown</b>	State <b>RI</b>	City <b>Milton</b>	State <b>MA</b>
Zip <b>02852</b>		Zip <b>02186</b>	
Director Name <b>Edythe Winslow</b>		Director Name	
Street Address <b>35 Balton Road</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02906</b>		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 <b>John Barrengos</b>			Date <b>8/4/25</b>
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

11:56

BY RJXBV

AR