



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000097091		2. Exact name of the Corporation KENT HEIGHTS ESTATES INC			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island MAINTENANCE AND REPAIR DETENTION BASINS			
5. Principal office address 100 BRADFORD AVENUE		City EAST PROV	State RI	Zip 02914	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CAROL CARBONE			Vice-President Name N/A		
Street Address 27 RACHELLA CT			Street Address		
City E PROV	State RI	Zip 02914	City	State	Zip
Secretary Name RANA VALLES			Treasurer Name JOHN BURNEY		
Street Address 11 RACHELLA CT			Street Address 100 BRADFORD AVE		
City E PROV	State RI	Zip 02914	City E PROV	State RI	Zip 02914
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CAROL CARBONE			Director Name JOHN BURNEY		
Street Address 27 RACHELLA CT			Street Address 100 BRADFORD AVE		
City E PROV	State RI	Zip 02914	City E PROV	State RI	Zip 02914
Director Name RANA VALLES			Director Name		
Street Address 11 RACHELLA CT			Street Address		
City E PROV	State RI	Zip 02914	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

MAY 04 2015

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.

File Date

Check No

By

DY

1115

John F Burney 5/1/15
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

JOHN F BURNEY
 Print or Type Name of Officer or Authorized Representative