



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	
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	
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	
Director Name RANA VALLES		Director Name	
Street Address 11 RACHELLA CT		Street Address	
City E PROV	State RI	Zip 02914	
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

File Date

Check No

By

BY

1115

FOR SECRETARY OF STATE USE ONLY

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.

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

JOHN F BURNEY

Print or Type Name of Officer or Authorized Representative