



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 0000 97091		2. Exact name of the Corporation KENT HEIGHTS ESTATES INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MAINTENANCE OF COMMON AREAS AND DETENTION BASINS	
4. NAICS Code 53312			
6. Principal Office Address 100 BRADFORD AVE.		City EAST PROV	State RI
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CAROL CARBONE		Vice-President Name N/A	
Street Address 27 RACHELLA CT.		Street Address	
City EAST PROV.	State RI	Zip 02914	
Secretary Name RANA VALLES		Treasurer Name JOHN BURNEY	
Street Address 11 RACHELLA CT.		Street Address 100 BRADFORD AVE	
City EAST PROV	State RI	Zip 02914	City EAST PROV
			State RI
			Zip 02914
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 CAROL CARBONE		Director Name JOHN BURNEY	
Street Address 27 RACHELLA CT.		Street Address 100 BRADFORD AVE	
City EAST PROV	State RI	Zip 02914	City EAST PROV
			State RI
			Zip 02914
Director Name RANA VALLES		Director Name	
Street Address 11 RACHELLA CT		Street Address	
City EAST PROV	State RI	Zip 02914	City
			State
			Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative JOHN F BURNEY TREASURER			Date 6/22/18
Signature of Officer/Authorized Representative <i>John F Burney</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

FILED
JUN 25 2018
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