



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUN 21 AM 10: 22

1. Entity ID Number 128767		2. Exact name of the Corporation Rainone Residential Compound Homeowners Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Homeowners association			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 60 Bath St.		City Providence	State RI	Zip 02908	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Stacey Lavigne		Vice-President Name Andrea Carson			
Street Address 3 Rainone Court		Street Address 2 Rainone Court			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Kenneth Rainone		Treasurer Name Kenneth Rainone			
Street Address 6 Rainone Court		Street Address 6 Rainone Court			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name Joanne Aguiar		Director Name Ernest Lavigne			
Street Address 4 Rainone Court		Street Address 3 Rainone Court			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name John Aguiar		Director Name Shannon Posillo			
Street Address 4 Rainone Court		Street Address 1 Rainone Court			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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.					
<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 Kenneth Rainone				Date 6/21/2021	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 21 2021
 296 AA