



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

IAN 20 2024

2035602

1. Entity ID Number 76958		2. Exact name of the Corporation Rainone Landscaping, Inc.			
3. Principal Office Address 349 Waterman Avenue		City Smithfield		State RI	Zip 02917
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island Landscaping construction, lawn maintenance			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald M. Rainone			Vice-President Name None		
Street Address 349 Waterman Avenue			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Karen A. Rainone			Treasurer Name Karen A. Rainone		
Street Address 349 Waterman Avenue			Street Address 349 Waterman Avenue		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	No Par	
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Ronald M. Rainone				Date ✓ 1/25/2024	
Signature of Authorized Representative 					

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

FORM 630- Revised