



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024
Non-Profit Corporation

FEB 06 2024

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FOR
SECRETARY OF STATE
USE ONLY

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000097091		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 HOMEOWNERS ASSOCIATION WITH COMMON PROPERTY OF (2) RETENTION PONDS BEING RESPONSIBLE TO MAINTAIN	
4. NAICS Code 97031			
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 BURNERY	
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 RANA VALLES	
Street Address 27 RACHELLA CT.		Street Address 11 RACHELLA CT	
City EAST PROV.	State RI	Zip 02914	City EAST PROV. State RI Zip 02914
Director Name JOHN BURNERY		Director Name	
Street Address 100 BRADFORD AVE		Street Address	
City EAST PROV.	State RI	Zip 02914	City EAST PROV. State RI Zip 02914
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 JOHN F BURNERY			Date 1/25/24
Signature of Officer/Authorized Representative <i>John F Burnery</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