



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 <b>000097091</b>		2. Exact name of the Corporation <b>KENT HEIGHTS ESTATES INC.</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>HOMEOWNERS ASSOCIATION WITH COMMON PROPERTY OF (2) RETENTION PONDS BEING RESPONSIBLE TO MAINTAIN</b>	
4. NAICS Code <b>97031</b>			
6. Principal Office Address <b>100 BRADFORD AVE.</b>		City <b>EAST PROV.</b>	State <b>RI</b>
		Zip <b>02914</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>CAROL CARBONE</b>		Vice-President Name <b>N/A</b>	
Street Address <b>27 RACHELLA CT</b>		Street Address	
City <b>EAST PROV.</b>	State <b>RI</b>	Zip <b>02914</b>	
Secretary Name <b>RANA VALLES</b>		Treasurer Name <b>JOHN BURNEY</b>	
Street Address <b>11 RACHELLA CT</b>		Street Address <b>100 BRADFORD AVE.</b>	
City <b>EAST PROV.</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROV.</b>
			State <b>RI</b>
			Zip <b>02914</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>CAROL CARBONE</b>		Director Name <b>RANA VALLES</b>	
Street Address <b>27 RACHELLA CT.</b>		Street Address <b>11 RACHELLA CT</b>	
City <b>EAST PROV.</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROV.</b>
			State <b>RI</b>
			Zip <b>02914</b>
Director Name <b>JOHN BURNEY</b>		Director Name	
Street Address <b>100 BRADFORD AVE</b>		Street Address	
City <b>EAST PROV.</b>	State <b>RI</b>	Zip <b>02914</b>	City
			State
			Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>JOHN F BURNEY</b>			Date <b>1/25/24</b>
Signature of Officer/Authorized Representative <i>John F Burney</i>			

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov