State of Rhode Island

Department of State - Business Services Division

FILED
FEB 2 3 2024
BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
94447	Dionne Properties, Inc.			
3. Principal Office Address		City	State	Zip
58 Waterman Avenue		North Providence	RI	02911
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531311	Own & Operate buildings for rental purposes			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Maurice T. Dionne	170 Providence Pike, Unit 22	North Smithfield	RI	02896

Vice-President Name	Street Address	City	State	Zip
Genevieve M. Dionne	170 Providence Pike, Unit 22	North Smithfield	RI	02896

Secretary Name	Street Address	City	State	Zip
Maurice T. Dionne	170 Providence Pike, Unit 22	North Smithfield	RI	02896

Treasurer Name	Street Address	City	State	Zip
Genevieve M. Dionne	170 Providence Pike, Unit 22	North Smithfield	RI	02896

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Maurice T. Dionne	170 Providence Pike, Unit 22	North Smithfield	RI	02896

Director Name	Street Address	City	State	Zip
Genevieve M. Dionne	170 Providence Pike, Unit 22	North Smithfield	RI	02896

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized — **This information is currently of record in the Department of State.** **Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	no par

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	Date
Genevieve M. Dionne	1/5/24

Signature of Authorized Representative: Genevieve Dionne

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: 2/2023