



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation -

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

JAN 27 2025

BY 20864

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 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 <input type="checkbox"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
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 Ronald M. Rainone				Date 1/23/25										
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