



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

MAR 04 2025  
BY *[Signature]*

1. Entity ID Number <b>94447</b>		2. Exact name of the Corporation <b>Dionne Properties, Inc.</b>												
3. Principal Office Address <b>58 Waterman Avenue</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>									
4. NAICS Code <b>531311</b>		6. Brief description of the character of business conducted in Rhode Island <b>Own &amp; operate buildings for Rental purposes</b>												
5. State of Incorporation <b>Rhode Island</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>Genevieve M. Dionne</b>			Vice-President Name <b>Nadine Volatile</b>											
Street Address <b>170 Providence Pike, Unit 22</b>			Street Address <b>5 Charlesfield Street</b>											
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>									
Secretary Name <b>Genevieve M. Dionne</b>			Treasurer Name <b>Genevieve M. Dionne</b>											
Street Address <b>170 Providence Pike, Unit 22</b>			Street Address <b>170 Providence Pike, Unit 22</b>											
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Genevieve M. Dionne</b>			Director Name <b>Genevieve M. Dionne</b>											
Street Address <b>170 Providence Pike, Unit 22</b>			Street Address <b>170 Providence Pike, Unit 22</b>											
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>									
Director Name <b>Genevieve M. Dionne</b>			Director Name <b>Genevieve M. Dionne</b>											
Street Address <b>170 Providence Pike, Unit 22</b>			Street Address <b>170 Providence Pike, Unit 22</b>											
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9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<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			
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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.														
<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>														
Name of Authorized Representative <b>Genevieve M. Dionne</b>					Date <b>3/17/2025</b>									
Signature of Authorized Representative <i>Genevieve M. Dionne</i>														