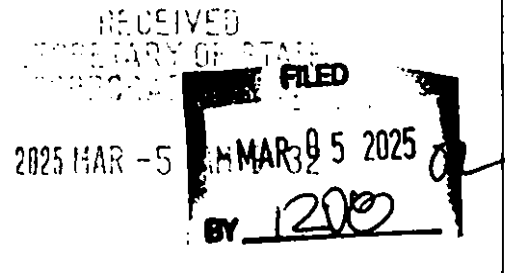




State of Rhode Island
Department of State - Business Services Division



Annual Report for the year: 2025
Non-Profit Corporation

- 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 97091		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 MAINTENANCE AND REPAIR OF DETENTION BASINS			
4. NAICS Code 531390					
6. Principal Office Address 100 BRADFORD AVE		City E 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 RACHILLA CT			Street Address		
City E PROV	State RI	Zip 02914	City	State	Zip
Secretary Name RANA VALLES			Treasurer Name JOHN BURNBY		
Street Address 11 RACHILLA CT			Street Address 100 BRADFORD AVE		
City E PROV	State RI	Zip 02914	City E 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 John Burnby		
Street Address 27 RACHILLA CT			Street Address 100 BRADFORD AVE		
City E PROV	State RI	Zip 02914	City E PROV	State RI	Zip 02914
Director Name RANA VALLES			Director Name N/A		
Street Address 11 RACHILLA CT			Street Address		
City E PROV	State RI	Zip 02914	City	State	Zip
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative JOHN F BURNBY TREASURER					Date 3/1/25
Signature of Officer/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