



Department of State - Business Services Division

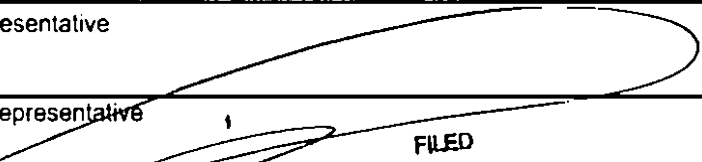
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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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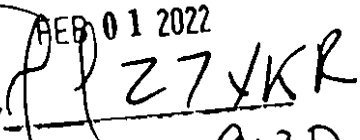
Annual Report for the year: 2022
 Non-Profit Corporation

2022 FEB -1 A 9:30

- 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 128767		2. Exact name of the Corporation Rainone Residential Compound Homeowners Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Homeowners Association			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 6 Rainone Court		City Coventry	State RI	Zip 02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stacey Lavigne		Vice-President Name Andrea Carson			
Street Address 3 Rainone Court		Street Address 2 Rainone Court			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Kenneth Rainone		Treasurer Name Kenneth Rainone			
Street Address 6 Rainone Court		Street Address 6 Rainone Court			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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 Joanne Aguiar		Director Name Ernest Lavigne			
Street Address 4 Rainone Court		Street Address 3 Rainone Court			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name John Aguiar		Director Name Shannon Posillo			
Street Address 4 Rainone Court		Street Address 1 Rainone Court			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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.					
<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 Kenneth Rainone				Date 2/1/2022	
Signature of Officer/Authorized Representative 					

FILED

BY: 
 FEB 01 2022
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