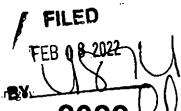
RI SOS Filing Number: 202209893410 Date: 2/8/2022 4:00:00 PM



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.r



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filling Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No.	2. Exact nar	ne of the Corporation	· · · · ·			
94447	DIONN	DIONNE PROPERTIES, INC.				
3. Principal office address 58 Waterman Avenue			City North Providence	State RI	Zip 02911	
4. Business Phone No. 401-231-8130			5. State of Incorporation Rhode Island			
5. Brief description of the cha Own and operate bui	ldings for rer	ital purposes.		5311	10)	
LIST ALL OFFICERS (NA	MES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT)		-2	
President Name Maurice T. Dionne			Vice-President Name Genevieve M. Dionne			
Street Address 170 Providence Pike, Unit 22			Street Address 170 Providence Pike, Unit 22			
City North Smithfield	State RI	Z _{IP} 02896	City North Smithfield	d State	Zip 02896	
ecretary Name Maurice T. Dionne			Treasurer Name Genevieve M. Dionne			
Street Address 170 Providence Pike,	Unit 22	·	Street Address 170 Providence	Pike, Unit 22		
City North Smithfield	State RI	Zip 02896	City State RI		Zip 02896	
8. LIST ALL DIRECTORS (N	AMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Maurice T. Dionne			Director Name Genevieve M. Dionne			
Street Address 170 Providence Pike,	Unit 22		Street Address 170 Providence	Pike, Unit 22		
City North Smithfield	State RI	Zip 02896	City State RI		Zip 02896	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City State		Zip	
SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT	
III Al-dir			NUMBER OF SHARES CLASS/SERIES		PAR VALUE	
This Information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		100	common	no par		
This report must be executed	d on behalf of the this report mu	corporation by an authorize st be executed on behalf of	d representative. If the other corporation by the re	corporation is in the hand acceiver or trustee.	s of a receiver or tru:	

File Date				
Check No				
Ву:				
FOR SECRETARY OF STATE USE ONLY				

Form No. 630 Revised: 01/2012 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.

Lenereur M. A. la

Signature of Authorized Representative

Genevieve M. Dionne

Print or Type Name of Authorized Representative

Date /