



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

FILED
FEB 07 2023
BY *[Signature]*

1. Entity ID Number <u>128767</u>		2. Exact name of the Corporation <u>Rainone Residential Compound Homeowners Association, Inc</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Homeowners Association</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>6 Rainone Court</u>		City <u>Coventry</u>	State <u>RI</u>
		Zip <u>02816</u>	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Stacey Lavigne</u>		Vice-President Name <u>Andrea Carson</u>	
Street Address <u>3 Rainone Court</u>		Street Address <u>2 Rainone Court</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02816</u>	
Secretary Name <u>Kenneth Rainone</u>		Treasurer Name <u>Kenneth Rainone</u>	
Street Address <u>6 Rainone Court</u>		Street Address <u>6 Rainone Court</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02816</u>	
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 <u>Joanne Aguiar</u>		Director Name <u>Ernest Lavigne</u>	
Street Address <u>4 Rainone Court</u>		Street Address <u>3 Rainone Court</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02816</u>	
Director Name <u>John Aguiar</u>		Director Name <u>Shannon Posillo</u>	
Street Address <u>4 Rainone Court</u>		Street Address <u>1 Rainone Court</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02816</u>	
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 <u>Kenneth Rainone</u>			Date <u>2.6.23</u>
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:
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Website: www.sos.ri.gov