

FEB 21 2023
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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.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.
 Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 94447		2. Exact name of the Corporation 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		
6. Brief description of the character of business conducted in Rhode Island Own and operate buildings for rental purposes. 33110					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary 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 North Smithfield	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 North Smithfield	State RI	Zip 02896
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Genevieve Dionne
 Signature of Authorized Representative _____ Date _____
Genevieve M. Dionne
 Print or Type Name of Authorized Representative