



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 22 2024

BY *[Signature]*

Annual Report for the year: 2024
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 <i>128767</i>		2. Exact name of the Corporation <i>Rainone Residential Compound Homeowners Association</i>			
3. State of Incorporation <i>RI</i>		5. Brief description of the character of business conducted in Rhode Island <i>Homeowners Association</i>			
4. NAICS Code <i>813990</i>					
6. Principal Office Address <i>6 Rainone Court</i>			City <i>Coventry</i>	State <i>RI</i>	Zip <i>02816</i>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <i>Stacey Lavigne</i>			Vice-President Name <i>Andrea Carson</i>		
Street Address <i>3 Rainone Court</i>			Street Address <i>2 Rainone Court</i>		
City <i>Coventry</i>	State <i>RI</i>	Zip <i>02816</i>	City <i>Coventry</i>	State <i>RI</i>	Zip <i>02816</i>
Secretary Name <i>Kenneth Rainone</i>			Treasurer Name <i>Kenneth Rainone</i>		
Street Address <i>6 Rainone Court</i>			Street Address <i>6 Rainone Court</i>		
City <i>Coventry</i>	State <i>RI</i>	Zip <i>02816</i>	City <i>Coventry</i>	State <i>RI</i>	Zip <i>02816</i>
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 <i>Joanne Aguiar</i>			Director Name <i>Ernest Lavigne</i>		
Street Address <i>4 Rainone Court</i>			Street Address <i>3 Rainone Court</i>		
City <i>Coventry</i>	State <i>RI</i>	Zip <i>02816</i>	City <i>Coventry</i>	State <i>RI</i>	Zip <i>02816</i>
Director Name <i>John Aguiar</i>			Director Name <i>Shannon Posillo</i>		
Street Address <i>4 Rainone Court</i>			Street Address <i>1 Rainone Court</i>		
City <i>Coventry</i>	State <i>RI</i>	Zip <i>02816</i>	City <i>Coventry</i>	State <i>RI</i>	Zip <i>02816</i>
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <i>Kenneth Rainone</i>					Date <i>2-19-24</i>
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov