



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
FEB 23 2024
BY *[Signature]*

1. Entity ID Number 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. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island Own & Operate buildings for rental purposes			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par
11. 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. 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.					
Name of Authorized Representative Genevieve M. Dionne					Date 1/5/24
Signature of Authorized Representative <i>Genevieve M. Dionne</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