

Commonwealth of Kentucky Public Service Commission

INFORMATION FORM FOR THE TELEPHONE UTILITIES OPERATING PURSUANT TO KRS 278.541 through 278.544

Complete Name of Telephone Utility: RABONA CORPORATION

Physical Address of Principal Office: Street: 112 West 34th Street
 City: New York State: NY 10120

Primary Contact: Name: Maria Monetta Title: Admin
 Phone: (646) 703-0090 Fax: _____
 Email: admin@rabona.us

Person Responsible For Answering Consumer Complaints:	Name:	<u>Maria Monetta</u>	Title:	<u>Admin</u>
	Address (if different from above)			
	Street:	_____	State:	_____ Zip: _____
	City:	_____	State:	_____ Zip: _____
	Phone:	_____	Fax:	_____

In accordance with KRS 278.542(2), which requires telephone utilities operating pursuant to 2006 KRS 278.541 through KRS 278.544 to file with the Commission certain information, I, MAURIZIO D'ALESSANDRO -President, on behalf of RABONA CORPORATION do hereby certify that the foregoing information is true and correct to the best of my knowledge, as of this 2nd day of April, 2025

UTILITY: RABONA CORPORATION

BY: *[Signature]*

STATE OF VIRGINIA
 COUNTY OF FAIRFAX

The foregoing was signed, sworn to and acknowledged before me, the NOTARY PUBLIC, on this the 2nd day of April, 2025

[Signature]
 NOTARY PUBLIC

My Commission Expires: 06/30/2027

