

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: _____	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: 

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


NOTARY PUBLIC

My Commission Expires: 06/30/2027



RECEIVED

4/11/2025

PUBLIC SERVICE
COMMISSION
OF KENTUCKY