RI SOS Filing Number: 201175730460 Date: 02/28/2011 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2006

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company		
000137284	Banna Investment and Development, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RI	Real estate rental		
5. Principal office address	City	State	Zip
8 Warren Avenue	No. Providence	RI	02911

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Daniel Crenca	Member		
Street Address	City	State	Zip
8 Warren Avenue	No. Providence	RI	02911

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
NONE.	
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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SECRETARY OF STATE
CORPORATIONS DIV

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
Daniel Crenca		
Address	City	Zip
8 Warren Avenue	No. Providence, RI	`02911

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SECRETARY OF STATE
CORPORATIONS DIV
[redacted]

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED
FEB 28 2011
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11:06

[redacted]

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.

X _____ 2/18/11
Signature of Authorized Person *Date*

Daniel Crenca
Print or Type Name of Authorized Person

[redacted]

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

59575-7-586728

Form 632 Rev. 07/07