(I)	State of Rhode Island and Providence Plantations Department of State - Business Services Division	
	Il Report for the year:	
	d Liability Company ng period: September 1 - November 1	

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2 Exact name of the Limited Liebitis Comme							
790606	2. Exact name of the Limited Liability Company DON REALTY, LLC							
0.1440000								
3. NAICS Code	Brief description of the character of business conducted in Rhode Island							
53 - Real Estate and Renta ▼ REAL ESTATE								
5. State of Formation								
RHODE ISLAND								
6. Principal Office Address			City	State	Zip			
75 LEXINGTON AVE			CRANSTON	RI	02910			
7. Mailing Address of Limited Lial	oility Company	and Name or	Title of Contact Person		<u></u>			
Contact Name			Contact Title					
Street Address			City	State	Zip			
8. List ALL managers (names an	d addresses) d	of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST N	/EMBERS			
Manager Name			Manager Name					
Street Ad 76 I Law			Street Address	Street Address				
City	D.		City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Chack the how to indicate an attack								
Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.								
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 Person Date /								
DONOVAN RANGLIN				10/	27/16			
Signature of Authorized Person SIGN DOOMEN FEET								
C. Journe								

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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