



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

STAMP

Annual Report for the year: **2019**

Limited Liability Company

- Filing 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<br><b>790865</b>  |                 | 2. Exact name of the Limited Liability Company<br><b>Bonna, LLC</b>   |                              |                        |                                  |
| 3. NAICS Code<br><b>531120</b>  |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real estate and any other lawful purpose.</b> |                              |                        |                                  |
| 5. State of Formation<br><b>Rhode Island</b>  |                 |   |                              |                        |                                  |
| 6. Principal Office Address<br><b>40 Commercial Way</b>   |                 | City<br><b>East Providence</b>  |                              | State<br><b>RI</b>     | Zip<br><b>02914</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                 |   |                              |                        |                                  |
| Contact Name <b>Donna Q. Read</b>   |                 |   | Contact Title <b>Manager</b> |                        |                                  |
| Street Address <b>40 Commercial Way</b>   |                 |   | City <b>East Providence</b>  |                        | State <b>RI</b> Zip <b>02914</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |                 |   |                              |                        |                                  |
| Manager Name <b>Donna Q. Read</b>   |                 |   | Manager Name                 |                        |                                  |
| Street Address <b>40 Commercial Way</b>   |                 |   | Street Address               |                        |                                  |
| City <b>East Providence</b>   | State <b>RI</b> | Zip <b>02914</b>  | City                         | State                  | Zip                              |
| Manager Name  |                 |   | Manager Name                 |                        |                                  |
| Street Address  |                 |   | Street Address               |                        |                                  |
| City  | State           | Zip   | City                         | State                  | Zip                              |
| Check the box to indicate an attachment <input type="checkbox"/>  |                 |   |                              |                        |                                  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |                 |   |                              |                        |                                  |
| <b>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.</b> |                 |   |                              |                        |                                  |
| Name of Authorized Person<br><b>Donna Q. Read</b>   |                 |   |                              | Date<br><b>9/18/19</b> |                                  |
| Signature of Authorized Person<br><i>Donna Q. Read</i>  |                 |   |                              | SIGN DOCUMENT HERE     |                                  |

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

SEP 23 2019

BY **1103**  
*[Signature]*

FORM 632 - Revised: 10/2017