



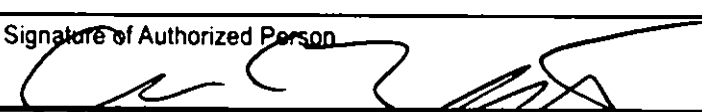
State of Rhode Island  
**Department of State - Business Services Division**

**STAMP**  
 FOR SECRETARY OF STATE  
 USE ONLY

**FILED**  
 SEP 30 2020  
 789

**Annual Report for the year:** 2020  
**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>001687706  |  | 2. Exact name of the Limited Liability Company<br>AMANA REALTY, LLC                                |     |                       |  |                            |              |
| 3. NAICS Code<br>531110   |  | 4. Brief description of the character of business conducted in Rhode Island<br>REAL ESTATE RENTALS |     |                       |  |                            |              |
| 5. State of Formation<br>RHODE ISLAND   |  |  |     |                       |  |                            |              |
| 6. Principal Office Address<br>301 ALPINE ESTATES DRIVE   |  |  |     | City<br>CRANSTON      |  | State<br>RI                | Zip<br>02921 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |     |                       |  |                            |              |
| Contact Name CHARLES C. ZAYAT   |  |  |     | Contact Title PARTNER |  |                            |              |
| Street Address 301 ALPINE ESTATES DRIVE   |  |  |     | City CRANSTON         |  | State RI                   | Zip 02921    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |  |  |     |                       |  |                            |              |
| Manager Name  |  |  |     | Manager Name          |  |                            |              |
| Street Address  |  |  |     | Street Address        |  |                            |              |
| City  |  | State  | Zip | 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 checked="" type="checkbox"/>   |  |  |     |                       |  |                            |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |  |     |                       |  |                            |              |
| <i>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.</i> |  |  |     |                       |  |                            |              |
| Name of Authorized Person<br>CHARLES C. ZAYAT   |  |  |     |                       |  | Date<br>SEPTEMBER 24, 2020 |              |
| Signature of Authorized Person<br>  |  |  |     |                       |  |                            |              |

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