RI SOS Filing Number: 202073416120 Date: 11/6/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

| | FILED |
|-------|--------------|
| · BY_ | NOV 0 6 2020 |
| | |

| 1. Entity ID Number 121745 | 2. Exact name of the Limited Liability Company DINA REALTY, LLC | | | | | | |
|---|--|---------------------------------------|---|------------------|---------------|--|--|
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island OWN, OPERATE, LEASE, BUY, SELL, DEVELOP AND OTHERWISE DEAL IN AND WITH REAL ESTATE | | | | | | |
| 531390 | | | | | | | |
| 5. State of Formation | | | | | | | |
| RHODE ISLAND | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 9 DEBRA DRIVE | | | CAROLINA | RI | 02812 | | |
| 7. Mailing Address of Limited Lia | | and Name or Title | of Contact Person | | | | |
| Contact Name JOSEPH BENECH | 1 | | Contact Title PRESIDENT | | | | |
| Street Address 9 DEBRA DRIVE | | | City CAROLINA | State RI | Zip 02812 | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name NONE | | | 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 | | | | | | | |
| 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 dec statements, and that all staten | lare and affirm lents containe | that i have exam d herein are true | nined this report, including and correct. | any accompanying | schedules and | | |
| Name of Authorized Person | | | | Date | Date | | |
| JOSEPH BENECH, PRESIDEN | 11-3-20 | | | | | | |
| Signature of Authorized Person | | | | | | | |
| | | | | - | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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