



State of Rhode Island

Department of State - Business Services Division

**FILED**

NOV 30 2020

BY

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>264065                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br>Dayna Realty, LLC                        |                  |                  |              |
| 3. NAICS Code<br>531120                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate |                  |                  |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |       |                                                                                            |                  |                  |              |
| 6. Principal Office Address<br>121 Phenix Avenue                                                                                                                                                     |       |                                                                                            | City<br>Cranston | State<br>RI      | Zip<br>02920 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                            |                  |                  |              |
| Contact Name Dayna O. DiPietro                                                                                                                                                                       |       |                                                                                            | Contact Title    |                  |              |
| Street Address 214 Black Powder Lane                                                                                                                                                                 |       |                                                                                            | City Charlestown | State SC         | Zip 29492    |
| 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 type="checkbox"/>                                                                                                                                     |       |                                                                                            |                  |                  |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. 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<br>Dayna O. DiPietro                                                                                                                                                       |       |                                                                                            |                  | Date<br>10/30/20 |              |
| Signature of Authorized Person<br><i>Dayna O. DiPietro</i>                                                                                                                                           |       |                                                                                            |                  |                  |              |

**MAIL TO:**

Division of Business Services

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