



State of Rhode Island

Department of State - Business Services Division

FILED
Annual Report for the year: 2021
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.

 SEP 09 2021
 BY 149
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1. Entity ID Number <u>000308289</u>		2. Exact name of the Limited Liability Company <u>DONNA RICCI LLC</u>			
3. NAICS Code <u>531120</u>		4. Brief description of the character of business conducted in Rhode Island <u>LEASE BUILDING TO JENNINGS CAR CARE CENTER.</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>679 QUAKER LANE</u>			City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>DAVID J. JENNINGS</u>			Contact Title <u>PRESIDENT</u>		
Street Address <u>679 QUAKER LANE</u>			City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>DAVID J. JENNINGS</u>			Manager Name		
Street Address <u>679 QUAKER LANE</u>			Street Address		
City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	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. 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 <u>DAVID J. JENNINGS</u>				Date <u>09-07-2021</u>	
Signature of Authorized Person <u>David Jennings</u>					

MAIL TO:

Division of Business Services

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