



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2022  
Limited Liability Company

2023 MAR -9 PM 1:34

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

|                                                                                                                                                                                                             |  |                                                                                                                  |                         |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><u>1712536</u>                                                                                                                                                                       |  | 2. Exact name of the Limited Liability Company<br><u>DONNA LLC</u>                                               |                         |                     |
| 3. NAICS Code<br><u>531310</u>                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Real state Rental Property</u> |                         |                     |
| 5. State of Formation<br><u>RI</u>                                                                                                                                                                          |  |                                                                                                                  |                         |                     |
| 6. Principal Office Address<br><u>91 Rolfe Square</u>                                                                                                                                                       |  | City<br><u>Cranston</u>                                                                                          | State<br><u>RI</u>      | Zip<br><u>02910</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                                  |                         |                     |
| Contact Name<br><u>MANAL ISMAIL</u>                                                                                                                                                                         |  | Contact Title<br><u>Accountant</u>                                                                               |                         |                     |
| Street Address<br><u>282 Capuano Ave</u>                                                                                                                                                                    |  | City<br><u>Cranston</u>                                                                                          | State<br><u>RI</u>      | Zip<br><u>02920</u> |
| 8. 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><u>MANAL ISMAIL</u>                                                                                                                                                            |  |                                                                                                                  | Date<br><u>2-2-2023</u> |                     |
| Signature of Authorized Person<br><u>Manal Ismail</u>                                                                                                                                                       |  |                                                                                                                  |                         |                     |

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## MAIL TO:

Division of Business Services

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