

State of Rhode Island

Department of State - Business Services Division FOR STATE RECEIVED

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Annual Report for the year: 8022 2023 MAR - 9 PM 1:03 FEB 16 PM 1:55

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

		
Entity ID Number	2. Exact name of the Limited Liability Company	
1712536 10	DONNA LLC	
3. NAICS Code	Brief description of the character of business conducted in Rhode Island	
531310	Real State Rental Property	
5. State of Formation	Meal state mental troperty	
RI		i
6. Principal Office Address	City State Zip	_
_ 91 Rolte	Square Cranston State 7 0291	0
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person		
Contact Name MANAL ISMAIL Contact Title Accountant		
Street Address 282 Ca	puano Ave Cranston State RI Zip 029&	20
8. 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	MANAL ISMAIL Date 2-2-200	23
Signature of Authorized Person Manal Manal		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov