



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 99826		2. Exact name of the Corporation DIVERSIFIED CAPITAL CORP. INC.		
3. Principal office address 237 NEW MEADOW ROAD		City BARRINGTON	State RI	Zip 02806
4. Business Phone No. 247-0023		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island ORIGINATE COMMERCIAL LOANS, LOAN PLACEMENT AND FUNDING FACILITATION				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name PAUL T. PRINDIVILLE		Vice-President Name None		
Street Address 237 NEW MEADOW ROAD		Street Address		
City BARRINGTON	State RI	Zip 02806	City	State
Secretary Name PAUL T. PRINDIVILLE		Treasurer Name PAUL T. PRINDIVILLE		
Street Address 237 NEW MEADOW ROAD		Street Address 237 NEW MEADOW ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name PAUL T. PRINDIVILLE		Director Name NONE		
Street Address 237 NEW MEADOW ROAD		Street Address		
City BARRINGTON	State RI	Zip 02806	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By _____

FILED

APR 29 2013

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.

Paul T. Prindiville 3/20/13
 Signature of Authorized Representative Date

PAUL T. PRINDIVILLE, President
 Print or Type Name of Authorized Representative