Annual Report for the year: 2016  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 fD Number	2. Exact name of the Limited Liability Company				
199190	DV IX CCC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
<u> </u>	Commercial property				
5. State of Formation	— property				
6. Principal Office Address			City	State	Zip
33 College Hill L	ad Buil	lding 15	WARWICK	1 R1	D2889
7. Mailing Addtess of Limited Liability Company and Name or Title of Contact Person					
Contact Name BRIAN BUCCI			Contact Title MEMBER		
Street Address PD Box (6187)			City WARWICK	State L	Zip D2887
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					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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	ShiAn	Bucgi		Date 10/19	2016

MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 0V OCT 2 4 2016

BY\_