



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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 ID Number<br><b>631427</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>DV V, LLC</b>                                        |                                         |                           |     |
| 3. NAICS Code<br><b>53</b>                                                                                                                                                                                  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Commercial property</b> |                                         |                           |     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                           |                                         |                           |     |
| 6. Principal Office Address<br><b>33 College Hill Road, Building 15</b>                                                                                                                                     |       | City<br><b>Warwick</b>                                                                                    | State<br><b>RI</b>                      | Zip<br><b>02889</b>       |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                           |                                         |                           |     |
| Contact Name<br><b>Brian Bucci</b>                                                                                                                                                                          |       |                                                                                                           | Contact Title<br><b>MANAGING MEMBER</b> |                           |     |
| Street Address<br><b>PO Box 6187</b>                                                                                                                                                                        |       | City<br><b>Warwick</b>                                                                                    | State<br><b>RI</b>                      | Zip<br><b>02887</b>       |     |
| 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 <input type="checkbox"/>                                                                                                                                            |       |                                                                                                           |                                         |                           |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                           |                                         |                           |     |
| <b>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.</b> |       |                                                                                                           |                                         |                           |     |
| Name of Authorized Person<br><b>Brian Bucci</b>                                                                                                                                                             |       |                                                                                                           |                                         | Date<br><b>10/19/2016</b> |     |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                           |                                         |                           |     |

MAIL TO:  
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**FILED**

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