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Annual Report for the year: 2017

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 631427	2. Exact name of the Limited Liability Company DV V, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531120	commercial property					
5. State of Formation				·		
RI	1					
6. Principal Office Address	<u> </u>		City	State	Zip	
33 College Hill Road, Building 15			Warwick	RI	02889	
7. Mailing Address of Limited Lial	bility Compa	any and Name or	Title of Contact Person			
Contact Name Brian Bucci			Contact Title Managing	Contact Title Managing Member		
Street Address PO Box 6187			City Warwick	State RI	^{Zip} 02887	
8. List ALL managers (names an	d addresse:	s) of the Limited I	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name ²	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Žip	City	State	Zip	
				Check the box to it	ndicate an attachment	
Resident Agent in Rhode Island	d. This inform	nation is currently o	of record with the Department of Sta	ate. Changes require filin	ng Form 642.	
Under penalty of perjury, I decl statements, and that all stateme	lare and affi	îrm that I have e.	examined this report, including	ng any accompanying	g schedules and	
Name of Authorized Person Date						
Brian A. Bucci					12117	
Signature of Authorized Person		SiQN	DECOMENT HEIRE		-	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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