



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

FILED *CAMP*

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 29 2020
 BY 7218 DS

1. Entity ID Number 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. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island Originate Commercial Loans, Loan Placement and Funding Facilitation			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an 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	Zip
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	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an 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	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					No Par Value
11. 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. <i>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.</i>					
Name of Authorized Representative Paul T. Prindiville					Date 1-20-20
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov