	State of Rhode Island
	State of Rhode Island Department of State - Business Services Division

Annual Report for the year: $\frac{2020}{}$ **Limited Liability Company**

FILED

OCT 13 2020

→ 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	Entity ID Number 2. Exact name of the Limited Liability Company						
000160015	DV III, LL	DV III, LLC					
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
531120	commercia	al property					
5. State of Formation							
RI							
6. Principal Office Address			City	State	Žip		
33 College Hill Road, Building 15			Warwick	RI	02886		
7. Mailing Address of Limit	ted Liability Compa	any and Name o	r Title of Contact Person				
Contact Name Brian Bucci			Contact Title Managing Member				
Street Address PO Box 618	7		City Warwick	State RI	Zip 02887		
8. List ALL managers (na	mes and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - 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		
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9. The Resident Agent info	ormation currently	of record with th	e RI Department of State is ac	curate. Changes requir	re filing Form 642.		
Under penalty of perjury statements, and that all			examined this report, includ true and correct.	ing any accompanyin	ng schedules and		
Name of Authorized Perso	on			Date	1 1		
Brian A. Bucci			^		0/2020		
Signature of Authorized Pr	erson	72	:A.//				

MAIL TO:

Division of Business Services

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