



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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.

FILED
 OCT 13 2020
 1040

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|---|-------|--|----------------------------------|-------------------|-----|
| 1. Entity ID Number 001672544 | | 2. Exact name of the Limited Liability Company DV Parcel One C, LLC | | | |
| 3. NAICS Code 531120 | | 4. Brief description of the character of business conducted in Rhode Island commercial property | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 33 College Hill Road, Building 15 | | City Warwick | State RI | Zip 02886 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Brian Bucci | | | Contact Title Managing Member | | |
| Street Address PO Box 6187 | | City Warwick | State RI | Zip 02887 | |
| 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| <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 Person Brian A. Bucci | | | | Date 10/7/2020 | |
| Signature of Authorized Person | | | | | |

MAIL TO:
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