



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 001709286

**2. Exact Name of the Limited Liability Company** PREG-DSC, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

236116

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THE BUSINESS AND PURPOSE OF THE COMPANY SHALL BE FOR THE SOLE PURPOSE OF INVESTING IN AND HOLDING AT LEAST 70% OF ITS ASSETS IN A QUALIFIED OPPORTUNITY ZONE BUSINESS PROPERTY AND OPERATING AS A QUALIFIED OPPORTUNITY ZONE BUSINESS. THE COMPANY MAY INVEST IN MULTIPLE OPPORTUNITY ZONES. IN ADDITION, THE BUSINESS OF THE COMPANY SHALL INCLUDE THE CONDUCT OF ALL ACTIVITIES NECESSARY, INCIDENTAL OR RELATED THERETO, ALL AS MAY BE DETERMINED BY THE COMPANY

**5. Principal Office Address**

No. and Street: 184 S. LIVINGSTON AVENUE UNIT 9-326  
SUITE 9-326

City or Town: LIVINGSTON

State: NJ Zip: 07039 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: LELAND PEYSER Contact Title: MANAGING MEMBER

No. and Street: 184 S. LIVINGSTON AVENUE  
UNIT 9-326

City or Town: LIVINGSTON

State: NJ Zip: 07039 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	LELAND A PESER	184 S. LIVINGSTON AVE, SUITE 9-326 LIVINGSTON, NJ 07039 USA
MANAGER	LELAND A PEYSER	184 S. LIVINGSTON AVENUE, UNIT 9-326 LIVINGSTON , NJ 07039 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 18 Day of August, 2021 at 10:38:13 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LELAND A PEYSER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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