RI SOS Filing Number: 202104556050 Date: 11/1/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021 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.

| BY_ | NOV 0.1 2025 |
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| | |

| 1. Entity ID Number 000631427 | 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 | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 200 Centerville Road, Suite 10 | | | Warwick | RI | 02886 | | |
| 7. Mailing Address of Limited Lia | bility Compan | and Name or Title | of Contact Person | • | | | |
| Contact Name Brian Bucci | | | Contact Title Managing Member | | | | |
| Street Address PO Box 6187 | | | City Warwick | State RI | ^{Zio} 02887 | | |
| 8. List ALL managers (names ar | nd addresses) | of the Limited Liabi | lity Company, IF APPLIC | CABLE - DO NOT LIST N | MEMBERS | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Z:p | City | State | Zıp | | |
| Manager Name | I | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | City | State | Ζιρ | | |
| · · · · · · · · · · · · · · · · · · · | <u> </u> | . | 1 | Check the box to in | ndicate an attachment | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | | |
| 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. | | | | | | | |
| Name of Authorized Person | | | | | | | |
| Brian Bucci | | | | | | | |
| Signature of Authorized Person | | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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