RI SOS Filing Number: 202333282670 Date: 4/19/2023 11:18:00 AM



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: February 1 - May 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: 2023

- 1. **ID No.** <u>001737840</u>
- 2. Exact Name of the Limited Liability Company DCA Holdings 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.

531000

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

THE BUSINESS PURPOSE IS TO ENGAGE IN ANY ACTIVITY WHICH MAY LAWFULLY BE

CONDUCTED UNDER THE LLC ACT, INCLUDING PURCHASING AND SELLING OF REAL

ESTATE, INCLUDING BUT NOT LIMITED TO RESIDENTIAL AND COMMERCIAL PROPERTIES,

PROVIDING REAL ESTATE-RELATED SERVICES, INCLUDING BUT NOT LIMITED TO REAL ESTATE

LEASING AND REAL ESTATE PROPERTY MANAGEMENT, AS WELL AS EXTENDING LOANS AND

INVESTING IN ANY REAL ESTATE FINANCIAL INSTRUMENTS, PUBLIC STOCKS OR MUTUAL

FUNDS, PRIVATE BUSINESS ENTITIES AND COMMERCIAL PAPER.

5. Principal Office Address

No. and Street: 100 NORTH NINANTIC DRIVE

City or Town: <u>CHARLESTOWN</u> State: <u>RI</u> Zip: <u>02813</u> Country: <u>USA</u>

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

Contact Name: <u>JACQUELINE ARRONDO</u> Contact Title: No. and Street: 100 NORTH NINANTIC DRIVE

City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

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

JACQUELINE ARRONDO 3 CHESTNUT STREET WESTERLY, RI 02891

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

Signed this 19 Day of April, 2023 at 11:18:28 AM 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 DENISE C. ARRONDO

Signature of Authorized Person

Form No. 632 Revised 09/07

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