



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 21 2023

7270 02

1. Entity ID Number 99826		2. Exact name of the Corporation DIVERSIFIED CAPITAL CORP. INC.	
3. Principal Office Address 237 New Meadow Road		City Barrington	State RI
		Zip 02806	
4. NAICS Code 522310	6. Brief description of the character of business conducted in Rhode Island Originate Commercial Loans, Loan Placement and Funding Facilitation		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Paul T. Prindiville		Vice-President Name None	
Street Address 237 New Meadow Road		Street Address	
City Barrington	State RI	Zip 02806	
Secretary Name Paul T. Prindiville		Treasurer Name Paul T. Prindiville	
Street Address 237 New Meadow Road		Street Address 237 New Meadow Road	
City Barrington	State RI	Zip 02806	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Paul T. Prindiville		Director Name None	
Street Address 237 New Meadow Road		Street Address	
City Barrington	State RI	Zip 02806	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES	
100		Common	
		No Par Value	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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 Representative Paul T. Prindiville		Date 4-10-23	
Signature of Authorized Representative 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov