



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

FILED

FEB 23 2024

BY 2013

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	City	State	Zip									
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	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	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">100</td> <td style="text-align:center;">Common</td> <td style="text-align:center;">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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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. <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 Representative Paul T. Prindiville				Date 1/17/24										
Signature of Authorized Representative 														