



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 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 PAR VALUE		
			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 1/17/24	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021