

## State of Rhode Island **Department of State - Business Services Division**

**FILED** 

MAY 09 2024

Annual Report for the year: **Limited Liability Company** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2024

| 1. Entity ID Number           | 2. Exact name of the Limited Liability Company   |                               |                       |                      |
|-------------------------------|--|-------------------------------|-----------------------|----------------------|
| 000884947                     | DV VII B, LLC  4. Brief description of the character of business conducted in Rhode Island commercial property |                               |                       |                      |
| 3. NAICS Code                 |  |                               |                       |                      |
| 531120                        |  |                               |                       |                      |
| 5. State of Formation         |  |                               |                       |                      |
| RI                            |  |                               |                       |                      |
| 6. Principal Office Address   |  | City                          | State                 | Zip                  |
| 200 Centreville Road, Unit 10 |  | Warwick                       | RI                    | 02886                |
| 7. Mailing Address of Limite  | d Liability Company and Name or  | Title of Contact Person       |                       |                      |
| Contact Name Brian Bucci      |  | Contact Title Managing Member |                       |                      |
| Street Address PO Box 6187    |  | City Warwick                  | State RI              | <sup>Zip</sup> 02887 |
| 8. The Resident Agent Infor   | mation currently of record with the  | Rt Department of State is acc | urate. Changes requir | e filing Form 642.   |
| 9. Under penalty of perjury   | y, I declare and affirm that I have<br>tatements contained herein are  | e examined this report, inclu |                       |                      |
| Name of Authorized Person     |  |                               | Date                  |                      |
| Brian Bucci                   |  |                               | 03/15/2024            |                      |
| Signature of Authorized Per   | rson   | ニノン                           |                       |                      |

MAIL TO:

**Division of Business Services** 

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