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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.

1. Entity ID Number 0000798393		2. Exact name of the Corporation DETAILED CAPITAL CORP.			
3. Principal Office Address 26A CONANICUT ROAD		City NARRAGANSETT	State RI	Zip 02882	
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island DEBT AND EQUITY ORIGATION FOR COMMERCIAL REAL ESTATE.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LYLE F. MACLENNAN			Vice-President Name NONE		
Street Address 26 A CONANICUT ROAD			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	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 <i>Robert J. Barbieri</i>				Date 08/19/2024	
Signature of Authorized Representative <i>[Signature]</i>					

FILED

AUG 21 2024

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BY 14 MLW
[Signature]

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