

State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2025  
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

MAR 19 2025

BY 41146 *a*

1. Entity ID Number 000129466		2. Exact name of the Corporation DC AUTOMOTIVE, INC.			
3. Principal Office Address 101 COMSTOCK PARKWAY UNIT 19		City CRANSTON		State RI	Zip 02921-2016
4. NAICS Code 811110	6. Brief description of the character of business conducted in Rhode Island  SERVICE				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name DARREN D. COUSINS			Vice-President Name DARREN D. COUSINS		
Street Address 101 COMSTOCK PKWY, UNIT 1			Street Address 101 COMSTOCK PKWY, UNIT 1		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name DARREN D. COUSINS			Treasurer Name DARREN D. COUSINS		
Street Address 101 COMSTOCK PKWY, UNIT 1			Street Address 101 COMSTOCK PKWY, UNIT 1		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1000	COMMON	0	
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>Darren D Cousins</i>					Date 3-17-2025
Signature of Authorized Representative DARREN D COUSINS					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov