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State of Rhode Island  
Department of State - Business Services Division

Annual 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                                   |                                 |                     |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------|------------------------|
| 1. Entity ID Number<br><b>000133572</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | 2. Exact name of the Corporation<br><b>DVG CORP.</b>                                                                              |                                 |                     |                        |
| 3. Principal Office Address<br><b>123 ALLEN DRIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                    | City<br><b>EAST GREENWICH</b>                                                                                                     | State<br><b>RI</b>              | Zip<br><b>02818</b> |                        |
| 4. NAICS Code<br><b>313110</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>BUYING &amp; SELLING YARD &amp; OTHER ITEMS</b> |                                 |                     |                        |
| 5. State of Incorporation<br><b>R.I.</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                   |                                 |                     |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                            |                    |                                                                                                                                   |                                 |                     |                        |
| President Name<br><b>DAVID V. GOLASTEIN</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                                                                   | Vice-President Name             |                     |                        |
| Street Address<br><b>123 ALLEN DRIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                   | Street Address                  |                     |                        |
| City<br><b>EAST GREENWICH</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | State<br><b>RI</b> | Zip<br><b>02818</b>                                                                                                               | City                            | State               | Zip                    |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                                                   | Treasurer Name                  |                     |                        |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                                                   | Street Address                  |                     |                        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State              | Zip                                                                                                                               | City                            | State               | Zip                    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                                   |                                 |                     |                        |
| Director Name<br><b>DAVID V. GOLASTEIN</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                                                                                   | Director Name                   |                     |                        |
| Street Address<br><b>123 ALLEN DRIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                   | Street Address                  |                     |                        |
| City<br><b>EAST GREENWICH</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | State<br><b>RI</b> | Zip<br><b>02818</b>                                                                                                               | 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.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                                                   | 10. Shares Issued               |                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                                   | NUMBER OF SHARES<br><b>1500</b> | CLASS/SERIES        | PAR VALUE<br><b>0</b>  |
| 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.<br>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<br>                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                                                   |                                 |                     | Date<br><b>4/16/25</b> |
| Signature of Authorized Representative                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                   |                                 |                     |                        |

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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FORM 630- Revised 12/2023

BY LKS MJ1WV