State of Rhode Island
Department of State - Business Services Division

FILED
MAY 02 2025
BY 5381

Annual Report for the year: 2025
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV
2025 MAY 2 P 3:39

→ 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	2. Exact name of the Corporation
000798393	DETAILED CAPITAL CORP

3. Principal Office Address	City	State	Zip
74 GRANDE BROOK CIR APT 1423	WAKEFIELD	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812990	DEBT AND EQUITY ORIGINATION FOR COMMERCIAL REAL ESTATE
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: LYLE F MACLENNAN	Vice-President Name:
Street Address: 74 GRANDE BROOK CIR APT 1423	Street Address:
City: WAKEFIELD / State: RI / Zip: 02879	City: / State: / Zip:
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE	Director Name: NONE
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:
Director Name: NONE	Director Name: NONE
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
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: LYLE F MACLENNAN — Date: 4/28/25

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