



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Nellie M. Gorbea, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 488241		2. Exact name of the limited liability company DYCOMM, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To provide consulting services, any ancillary purposes, and all other lawful purposes.			
5. Principal office address 2130 Mendon Road, Suite Three-368		City Cumberland		State RI	Zip 02864
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Daniel C. Yorke		Contact Title Manager			
Street Address 2130 Mendon Road, Suite Three-368		City Cumberland		State RI	Zip 02864
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS FILING IN SEAGES BEFORE USING ATTACHMENTS. (SEE BOX FOR ATTACHMENTS) ☐					
Manager Name Daniel C. Yorke		Manager Name			
Street Address 2130 Mendon Road, Suite Three-368		Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

FILED

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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BY 123

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.

Daniel C. Yorke 10-25-15
Signature of Authorized Person Date

Daniel C. Yorke, Manager

Print or Type Name of Authorized Person

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY