



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN - 6 AM 11:16

1. Entity ID Number 1662736		2. Exact name of the Corporation Dycem Corporation			
3. Principal Office Address 33 Applan Way		City Smithfield		State RI	Zip 02917
4. NAICS Code 423990	6. Brief description of the character of business conducted in Rhode Island Supply of personal aid products. Supply of specialized flooring products. Installation and repair services.				
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stewart Cantley			Vice-President Name .		
Street Address Spinner Barn, Crafton			Street Address		
City Leighton Buzzard	State UK	Zip LU7 0QJ	City	State	Zip
Secretary Name			Treasurer Name Michael Bell		
Street Address			Street Address 4 Hugh de Porte Lane		
City	State	Zip	City Fleet	State UK	Zip GU51 1HT
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stewart Cantley			Director Name Michael Bell		
Street Address Spinner Barn, Crafton			Street Address 4 Hugh de Porte Lane		
City Leighton Buzzard	State UK	Zip LU7 0QJ	City Fleet	State UK	Zip GU51 1HT
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES 3,000	CWP	PAR VALUE \$0.0001	
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 Michael Bell				Date 5/30/2018	
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

JUN 06 2018

FORM 630 - Revised: 10/2017

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