



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

148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018**

**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. <b>488241</b>		2. Exact name of the limited liability company <b>DYCOMM, LLC</b>			3. NAICS Code <b>541618</b>	
4. Brief description of the character of the business which is actually conducted in Rhode Island <b>To provide consulting services, any ancillary purposes, and all other lawful purposes.</b>					5. State of Formation <b>Rhode Island</b>	
6. Principal office address <b>2130 Mendon Road, Suite Three-368</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT						
Contact Name <b>Daniel C. Yorke</b>			Contact Title <b>Manager</b>			
Street Address <b>2130 Mendon Road, Suite Three-368</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
8. NAME AND ADDRESS OF EACH MANAGER OF THIS LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. FILL IN SPACES BEFORE USING ATTACHMENT 1 OR 2 FOR ATTACHMENT 1						
Manager Name <b>Daniel C. Yorke</b>			Manager Name			
Street Address <b>2130 Mendon Road, Suite Three-368</b>			Street Address			
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	

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**

SEP 10 2018

BY

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

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*

**9.3.18**

Signature of Authorized Person

Date

**Daniel C. Yorke, Manager**

Print or Type Name of Authorized Person

File Date  
Check No.  
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