



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV
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1. Entity ID Number 1662736		2. Exact name of the Corporation Dycem Corporation			
3. Principal Office Address 33 Appian 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 Unit 2-4 Ashley Trading Estate			Street Address		
City Bristol	State UK	Zip BS29BB	City	State	Zip
Secretary Name Monica Briand			Treasurer Name Monica Briand		
Street Address Unit 2-4 Ashley Trading Estate			Street Address Unit 2-4 Ashley Trading Estate		
City Bristol	State UK	Zip BS29BB	City Bristol	State UK	Zip BS29BB
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stewart Cantley			Director Name Monica Briand		
Street Address Unit 2-4 Ashley Trading Estate			Street Address Unit 2-4 Ashley Trading Estate		
City Bristol	State UK	Zip BS29BB	City Bristol	State UK	Zip BS29BB
Director Name Alun Jones			Director Name Lauren Wright		
Street Address 33 Appian Way			Street Address Unit 2-4 Ashley Trading Estate		
City Smithfield	State RI	Zip 02917	City Bristol	State UK	Zip BS29BB
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		3,000	CWP	\$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 Monica Briand					Date 27/9/23
Signature of Authorized Representative <i>Monica Briand</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

FILED
SEP 27 2023
BY 9CC65
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FORM 630- Revised: 04/2023