



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

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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| | | | | | |
|---|---|---|-----------------|--------------|--|
| 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 Estates | | Street Address | | | |
| City Bristol | State UK | Zip BS29BB | City | State | Zip |
| Secretary Name | | Treasurer Name Michael Bell | | | |
| Street Address | | Street Address Unit 2-4 Ashley Trading Estates | | | |
| City | State | Zip | 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 Michael Bell | | | |
| Street Address Unit 2-4 Ashley Trading Estates | | Street Address Unit 2-4 Ashley Trading Estates | | | |
| City Bristol | State UK | Zip BS29BB | City Bristol | State UK | Zip BS29BB |
| Director Name | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | 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>[Signature]</i> | | | | | |

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

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BY 96665
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