



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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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 SEP 27 A 11:45

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 3,000		CLASS/SERIES 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 MONICA BRIAND					Date 27/9/23
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

FILED
SEP 27 2023
BY 96665
A.A. 11:46 A.M.

FORM 630- Revised: 04/2023