




State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Limited Liability Company

- 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 000488241 | | 2. Exact name of the Limited Liability Company DYCOMM, LLC | |
| 3. NAICS Code 541618 | | 4. Brief description of the character of business conducted in Rhode Island To provide consulting services, any ancillary purposes, and all other lawful purposes. | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 1800 Mendon Road, Suite E-272 | | City Cumberland | State RI |
| Zip 02864 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Daniel C. Yorke | | Contact Title Manager | |
| Street Address 1800 Mendon Road, Suite E-272 | | City Cumberland | State RI |
| Zip 02864 | | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642 | | | |
| <i>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.</i> | | | |
| Name of Authorized Person Daniel C. Yorke | | Date 3.6.24 | |
| Signature of Authorized Person  | | | |

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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