

State of Rhode Island

Department of State - Business Services Division

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.



1. Entity ID Number 000488241	2. Exact name of the Limited Liability Company DYCOMM, LLC 4. Brief description of the character of business conducted in Rhode Island To provide consulting services, any ancillary purposes, and all other lawful purposes.			
3. NAICS Code 541618				
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 Limite	ed Liability Company and N	lame or Title of Contact Person	·	L
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 infor	mation currently of record	with the RI Department of State is acc	urate. Changes requ	ire filing Form 642
Under penalty of perjury, statements, and that all s		I have examined this report, includi ain are true and correct.	ng any accompany	ing schedules and
Name of Authorized Person Daniel C. Yorke		3 · 6 · 24		
Signature of Authorized Per	rson p			

MAIL TO:

Division of Business Services

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