



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. ID No.** 001761140

**2. Exact Name of the Limited Liability Company** TCCD Associates, LLC

**3. State of Formation**

State: CT

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

611710

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TCCD ASSOCIATES, LLC OFFERS  
EDUCATIONAL EQUITY AND SOCIAL JUSTICE  
PROGRAMMING, TRAINING, ASSESSMENTS,  
STUDIES, COMMUNITY CONVERSATIONS, AND  
BUSINESS SUPPORT SERVICES. WE DO SO  
USING A RANGE OF TOOLS, TECHNIQUES,  
AND  
TRANSFORMATIONAL PRACTICES TO ENGAGE  
INDIVIDUAL PARTICIPANTS. WE DEVELOP,  
AND SHAPE SKILLS NEEDED ALONG OUR  
LIFELONG JOURNEYS TO BECOME MORE  
PROFICIENT, HUMBLE, NIMBLE, AND SELF-  
CONFIDENT WHEN NAVIGATING DIVERSE  
WORLDS AND DYNAMIC ADVANCES THAT

REQUIRE HIGHER LEVELS OF EQ -  
EMOTIONAL  
INTELLIGENCE AND CQ - CULTURAL  
INTELLIGENCE.

5. Principal Office Address

No. and Street: 47 LAWTON AVENUE  
City or Town: WESTERLY State: RI Zip: 02891 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: TREDA COLLIER DICKENMAN Contact Title: TCCD ASSOCIATES  
No. and Street: 210 MAIN ST, P.O. BOX 157  
City or Town: FARMINGTON State: CT Zip: 06034 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

TREDA COLLIER DICKENMAN 47 LAWTON AVENUE WESTERLY , RI 02891

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 10 Day of August, 2024 at 5:54:13 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TREDA COLLIER DICKENMAN  
Signature of Authorized Person

Form No. 632  
Revised 09/07