



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 05 2025

BY 1137

| 1. Entity ID Number 001764034 | | 2. Exact name of the Corporation Dayian P.C. | | | | | | | | | | | | |
|--|--------------|--|--|-------------|------------------|------------------|--------------|-----------|-----|--------|--------|--|--|--|
| 3. Principal Office Address 225 Dyer Street, Floor 2 | | | City Providence | State RI | Zip 02903 | | | | | | | | | |
| 4. NAICS Code 541110 | | 6. Brief description of the character of business conducted in Rhode Island Professional Services as Attorneys and Counselors at Law. | | | | | | | | | | | | |
| 5. State of Incorporation RI | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name Daryl E. Dayian, Esq. | | | Vice-President Name Daryl E. Dayian, Esq. | | | | | | | | | | | |
| Street Address 225 Dyer Street, Floor 2 | | | Street Address 225 Dyer Street, Floor 2 | | | | | | | | | | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 | | | | | | | | | |
| Secretary Name Daryl E. Dayian, Esq. | | | Treasurer Name Daryl E. Dayian, Esq. | | | | | | | | | | | |
| Street Address 225 Dyer Street, Floor 2 | | | Street Address 225 Dyer Street, Floor 2 | | | | | | | | | | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Daryl E. Dayian, Esq. | | | Director Name None | | | | | | | | | | | |
| Street Address 225 Dyer Street, Floor 2 | | | Street Address | | | | | | | | | | | |
| City Providence | State RI | Zip 02903 | City | State | Zip | | | | | | | | | |
| Director Name None | | | Director Name None | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | |
| | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | Common | No Par | | | |
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| 100 | Common | No Par | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 | | | | | Date 2/1/2025 | | | | | | | | | |
| Signature of Authorized Representative | | | | | | | | | | | | | | |