



**State of Rhode Island
Department of State - Business Services Division**

FILED STAMP

Annual Report for the year: 2024

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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BY 1027
FOR SECRETARY OF STATE
USF ONLY

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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VAL UF
		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 Daryl E. Dayian, Esq. President				Date 02, 20, 2024	
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