



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 42330		2. Name of Corporation T-DEL CORPORATION			
3. Street Address Principal Business Office 7 Price Lane			City Smithfield	State Rhode Island	Zip 02917
4. Business Phone No. 401-231-5624		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island General Contracting and Construction					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony A. DelGiudice, Jr.			Vice President Name Lauraine DelGiudice		
Street Address 7 Price Lane			Street Address 7 Price Lane		
City Smithfield	State Rhode Island	Zip 02917	City Smithfield	State Rhode Island	Zip 02917
Secretary Name Lauraine DelGiudice			Treasurer Name Anthony A. DelGiudice, Jr.		
Street Address 7 Price Lane			Street Address 7 Price Lane		
City Smithfield	State Rhode Island	Zip 02917	City Smithfield	State Rhode Island	Zip 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony A. DelGiudice, Jr.			Director Name Lauraine DelGiudice		
Street Address 7 Price Lane			Street Address 7 Price Lane		
City Smithfield	State Rhode Island	Zip 02917	City Smithfield	State Rhode Island	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
600	Common	No par value	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			600	Common	No par value
THIS SECTION MUST BE COMPLETED					

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.

FILED

File Date: **FEB 27 2008**

Check No. **By 14746**

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] **2-21-08**
Signature Date
Anthony A. DelGiudice, Jr.
Print or Type Name
President
Title