

FOR SECRETARY OF STATE USE ONLY

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

Form 630 Rev. 12/06

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR_

2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

. Corporate ID No.	2. Name of Corpore TCA Consult	ing Group inc			
3. Street Address Principal Business Office 39 New London Tpke			Glastonbury	State CT	Ζψ 06033
4. Business Phone No. 5. State of Incorpora 860-657-8411 Delaware					
Brief Description of the Char	racter of Hustness Conducted	l in Rhode Island			
I TOKHICHON	Tack-obyy (v	noulting Count	maching and starts	PACES BEFORE USING	ATTACHMENTS
resident Name	SSES OF THE OTTICE		Vice President Name		
Dorothy Cassandra			Gayle Adam		
Street Address 47 lexington rd			Street Address 48 cooper Drive		
Thy East hartford	State Ct	<i>хір</i> 06118	City Glastonbury	State Ct	^{Zip} 06033
Secretary Name John cassandra			Treasurer Name john Cassandra		
Street Address 47 lexington rd			Street Address 47 Lexington rd		
City	State	Zip	Сиу	State	Zip
east hartford	ct	06118	east hartford	ct	06118
B. NAMES AND ADDRE Director Name	SSES OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) FILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip 7.5
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZ	ED ("X" BOX FOR A	TTACHMENT)		 <i>("X" BOX FOR ATTAC</i> CTION <u>MUST</u> BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500.000	Quedan	ØL	50,000	Common	.01
300,000	_	on Value			
This report must be executive report must be executive the executive report must be executive.	ecuted on behalf of the cuted on behalf of the	corporation by an auth corporation by the rece	norized representative. If the ceiver or trustee.	corporation is in the hand	ds of a receiver or trustee.
			including any acc	empanying schedules and st	that Thave examined this re
File Date	12-09		contained herein a	are the and correct	12/29
á	804		Signarare	, 0	Date /
Check No.	007		1/00 hn	1 CACS AN	DRA

Print or Type Name