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 2009

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(c), 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.	2. Name of Corporation
83070	C.D.2.I, Inc.

3. Street Address Principal Business Office	City	State	Zip
69 ROGERS AVENUE	EAST PROVIDENCE	RI	02915

4. Business Phone No.	5. State of Incorporation
4014330815	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS CONSULTING AND DEVELOPMENT

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
RALPH C. MARCIANO	69 ROGERS AVENUE	EAST PROVIDENCE	RI	02915

Vice President Name	Street Address	City	State	Zip
RALPH C. MARCIANO	69 ROGERS AVENUE	EAST PROVIDENCE	RI	02915

Secretary Name	Street Address	City	State	Zip
RALPH C. MARCIANO	69 ROGERS AVENUE	EAST PROVIDENCE	RI	02915

Treasurer Name	Street Address	City	State	Zip
RALPH C. MARCIANO	69 ROGERS AVENUE	EAST PROVIDENCE	RI	02915

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
RALPH C. MARCIANO	69 ROGERS AVENUE	EAST PROVIDENCE	RI	02915

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,500 COMM NO PAR VALUE		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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.

[redacted] [redacted]

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 — *Date* 2/20/2009

Ralph C. Maricano
Print or Type Name

[redacted] President
Title

File Date	**FILED**
Check No.	FEB 24 2009
By:	By

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Form 630 Rev. 12/06