



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
401.222.3010

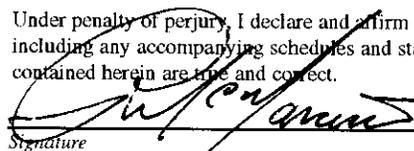
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 83070		2. Name of Corporation C.D.2.I, Inc.	
3. Street Address Principal Business Office 69 ROGERS AVENUE		City EAST PROVIDENCE	State RI
		Zip 02915	
4. Business Phone No. 4014330815		5. State of Incorporation 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name RALPH C. MARCIANO		Vice President Name RALPH C. MARCIANO	
Street Address 69 ROGERS AVENUE		Street Address 69 ROGERS AVENUE	
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE
			State RI
			Zip 02915
Secretary Name RALPH C. MARCIANO		Treasurer Name RALPH C. MARCIANO	
Street Address 69 ROGERS AVENUE		Street Address 69 ROGERS AVENUE	
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE
			State RI
			Zip 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name RALPH C. MARCIANO		Director Name	
Street Address 69 ROGERS AVENUE		Street Address	
City EAST PROVIDENCE	State RI	Zip 02915	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares
			Class/Series
			Par Value
1,500 COMM NO 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.

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.

 Feb 7, 2010
Signature Date

Ralph C. Maricano

Print or Type Name

President

Title

FILED	
File Date	<u>FEB 16 2010</u>
Check No.	<u>By 1880</u>
By:	
FOR SECRETARY OF STATE USE ONLY	