



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 2011

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. 127041		2. Name of Corporation C & D CODE CONSULTANTS INC			
3. Street Address Principal Business Office 160 GREEN STREET			City SLATERSVILLE	State RHODE ISLAND	Zip 02876
4. Business Phone No. 401-487-2689		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island CODE CONSULTING AND REVIEW OF BUILDING PANS ON COMMERCIAL PROJECTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DANIEL R DEDENTRO			Vice President Name DANIEL R DEDENTRO		
Street Address 160 GREEN STREET			Street Address 160 GREEN STREET		
City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876
Secretary Name PHYLLIS DEDENTRO			Treasurer Name DANIEL R DEDENTRO		
Street Address 160 GREEN STREET			Street Address 160 GREEN STREET		
City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 500	Class/Series COMMON	Par Value NO PAR VALUE

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 JAN 04 2011

Check No. By [Signature]

By: 8798

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] 1/3/2011
Signature Date
DANIEL R DEDENTRO
Print or Type Name
PRESIDENT
Title