



STATE OF RHODE ISLAND
and Providence Plantations
Office of the Secretary of State

A. KAPRI MONTES, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2611
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. 42330		2. Name of Corporation T-DEL CORPORATION					
3. Street Address Principal Business Office 7 PRICE LANE		City SMITHFIELD	State RI	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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name ANTHONY A. DELGIUDICE, JR.		Vice President Name LAURINE DELGIUDICE					
Street Address 7 PRICE LANE		Street Address 7 PRICE LANE					
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917		
Secretary Name LAURINE DELGIUDICE		Treasurer Name ANTHONY A. DELGIUDICE					
Street Address 7 PRICE LANE		Street Address 7 PRICE LANE					
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name ANTHONY A. DELGIUDICE, JR.		Director Name LAURINE DELGIUDICE					
Street Address 7 PRICE LANE		Street Address 7 PRICE LANE					
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 MUST BE COMPLETED		
					Number of Shares 600	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.

File Date	FILED
Check No.	JAN 19 2011
By	BY 15893
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 *[Signature]* Date 1-17-11
ANTHONY A. DELGIUDICE, JR.
Print or Type Name
PRESIDENT
Title