



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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

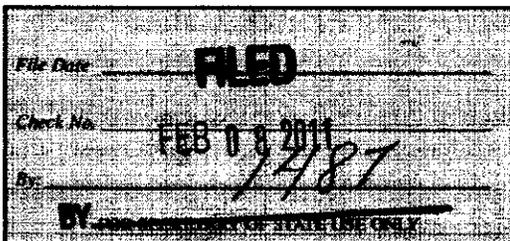
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

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. 118135		2. Name of Corporation GD Services, Inc.			
3. Street Address Principal Business Office P.O. Box 19577			City Johnston	State RI	Zip 02919-0577
4. Business Phone No. 401-603-1275		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO SELL VARIOUS MERCHANDISE VIA INTERNET AND ENGAGE IN REAL ESTATE BROKERAGE AND EDUCATION. TO ENGAGE IN THE SERVICES OF JIU JITSU OR KARATE INSTRUCTION, INTERNET VENTURES, INTERNET MARKETING, WEB DESIGN.					
President Name Gary Di Padua			Vice President Name Lynne Di Padua		
Street Address P.O. Box 19577			Street Address P.O. Box 19577		
City Johnston	State RI	Zip 02919-0577	City Johnston	State RI	Zip 02919-0577
Secretary Name Lynne Di Padua			Treasurer Name Gary Di Padua		
Street Address P.O. Box 19577			Street Address P.O. Box 19577		
City Johnston	State RI	Zip 02919-0577	City Johnston	State RI	Zip 02919-0577
7. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gary Di Padua			Director Name Lynne Di Padua		
Street Address P.O. Box 19577			Street Address P.O. Box 19577		
City Johnston	State RI	Zip 02919-0577	City Johnston	State RI	Zip 02919-0577
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED (X) BOX FOR ATTACHMENT ( )					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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.		Number of Shares 10	Class/Series Common	Par Value No Par	
THIS SECTION MUST BE COMPLETED					

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.

Signature: Gary Di Padua Date: 02/07/11  
Print or Type Name: Gary Di Padua  
Title: President