



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. 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.

FILED	
File Date	FEB 15 2011
Check No.	
By: BY	7188
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: *Ralph C. Maricano* Date: *January 29, 2011*
Ralph C. Maricano
Print or Type Name
President
Title