



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 02904-2611  
401.222.3044

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

**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
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3. Street Address Principal Business Office 160 GREEN STREET	City SLATERSVILLE	State RHODE ISLAND	Zip 02876
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4. Business Phone No. 401-487-2689	5. State of Incorporation RHODE ISLAND
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6. Brief Description of the Character of Business Conducted in Rhode Island  
CODE CONSULTING AND REVIEW OF BUILDING PLANS ON COMMERCIAL PROJECTS

**7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name DANIEL R DEDENTRO	Vice President Name DANIEL R DEDENTRO
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Street Address 160 GREEN STREET	Street Address 160 GREEN STREET
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City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876
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Secretary Name PHYLLIS DEDENTRO	Treasurer Name DANIEL R DEDENTRO
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Street Address 160 GREEN STREET	Street Address 160 GREEN STREET
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City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876
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**8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name NONE	Director Name NONE
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Director Name NONE	Director Name NONE
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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**9. SHARES AUTHORIZED**

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.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
500	COMMON	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 24 2012

Check No. By [Signature]

By: 1006

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] 1/23/2012

Signature Date

**DANIEL R DEDENTRO**

Print or Type Name

**PRESIDENT**

Title