



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  
401.222.3030

**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. 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 17 2012

Check No. By MNC

By: 7328

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.

Ralph C. Maricano Feb 15 2012  
Signature Date  
Ralph C. Maricano  
Print or Type Name  
President  
Title