RI SOS Filing Number: 201297772470 Date: 09/12/2012 4:00 PM

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 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.	2. Name of Corporation			
113693	TCA CONSULTING GROUP, INC			
3. Street Address Principal Business Office		City	State	Zip
3011 MAIN STREET		GLASTONBURY	CT	06033
4. Business Phone No.	5. State of Incorporation			
860-657-8411	DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island				
IT CONSULTING/TEMP LABOR				

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

President Name			Vice President Name		
DOROTHY CASSANDRA			GAYLE ADAM		
Street Address			Street Address		
47 LEXINGTON ROAD			48 COOPER DRIVE		
City	State	Zip	City	State	Zip
EAST HARTFORD	CT	06118	GLASTONBURY	CT	06033
Secretary Name			Treasurer Name		
			JOHN CASSANDRA SR.		
Street Address			Street Address		
			47 LEXINGTON ROAD		
City	State	Zip	City	State	Zip
			EAST HARTFORD	CT	06118

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
50,000		

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.

[redacted]

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.

12/7/11
Signature *Date*

John Cassandra Jr
Print or Type Name

Finance Mng
Title

[redacted]

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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SEP 12 2012
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