



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 2015**

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.
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3. Street Address Principal Business Office 69 ROGERS AVENUE	City EAST PROVIDENCE	State RI	Zip 02915
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4. Business Phone No. 4014330815	5. State of Incorporation RHODE ISLAND
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5. 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)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name RALPH C. MARCIANO	Vice President Name RALPH C. MARCIANO
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Street Address 69 ROGERS AVENUE	Street Address 69 ROGERS AVENUE
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City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
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Secretary Name RALPH C. MARCIANO	Treasurer Name RALPH C. MARCIANO
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Street Address 69 ROGERS AVENUE	Street Address 69 ROGERS AVENUE
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City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
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8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name RALPH C. MARCIANO	Director Name
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Street Address 69 ROGERS AVENUE	Street Address
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City EAST PROVIDENCE	State RI	Zip 02915	City	State	Zip
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Director Name	Director Name
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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 ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1,500	COMM NO PAR VALUE	

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

Number of Shares	Class/Series	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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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 19, 2015*  
Print or Type Name: **Ralph C. Maricano**  
Title: **President**

**FILED**

**JAN 22 2015**

**BY**

*1961*