



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 505757		2. Exact name of the Corporation FDM Consulting Group, Inc.								
3. Principal office address 63 Blakeley Street #204			City Woonsocket	State RI	Zip 02895					
4. Business Phone No. (401) 639-0666			5. State of Incorporation Rhode Island							
6. Brief description of the character of business conducted in Rhode Island Human Service, Construction Management, Fundraising- Profit and Nonprofit										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Frank DiMaio			Vice-President Name Frank DiMaio							
Street Address 63 Blakeley Street #204			Street Address 63 Blakeley Street #204							
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895					
Secretary Name Frank DiMaio			Treasurer Name Frank DiMaio							
Street Address 63 Blakeley Street #204			Street Address 63 Blakeley Street #204							
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Frank DiMaio			Director Name							
Street Address 63 Blakeley Street #204			Street Address							
City Woonsocket	State RI	Zip 02895	City	State	Zip					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
9. SHARES AUTHORIZED										
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						500	Common	No Par		

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 CORPORATIONS DIV
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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

By 241174

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JAN 29 2015

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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.

Frank DiMaio 1/27/15
 Signature of Authorized Representative Date

Frank DiMaio

Print or Type Name of Authorized Representative