



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 2016

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 211 Constitution Court, Unit 201		City Johnston	State RI	Zip 02919	
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 211 Constitution Court, Unit 201		Street Address 211 Constitution Court, Unit 201			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Frank DiMaio		Treasurer Name Frank DiMaio			
Street Address 211 Constitution Court, Unit 201		Street Address 211 Constitution Court, Unit 201			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Frank DiMaio		Director Name			
Street Address 211 Constitution Court, Unit 201		Street Address			
City Johnston	State RI	Zip 02919	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	0.01

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

FILED

FEB 01 2016

By: *[Signature]*
A.A.

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 of Authorized Representative

Date

Frank DiMaio

Print or Type Name of Authorized Representative