



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. 105462		2. Exact name of the Corporation CDEL, Incorporated			
3. Principal office address 780 Reservoir Avenue, Suite 145		City Cranston		State RI	Zip 02910
4. Business Phone No. 401-944-4811		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the business of importing goods of every kind, type and description.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christopher A. Del Bonis			Vice-President Name Christopher A. Del Bonis		
Street Address 32 Priscilla Drive			Street Address 32 Priscilla Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Christopher A. Del Bonis			Treasurer Name Christopher A. Del Bonis		
Street Address 32 Priscilla Drive			Street Address 32 Priscilla Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Christopher A. Del Bonis			Director Name		
Street Address 32 Priscilla Drive			Street Address		
City Cranston	State RI	Zip 02921	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
			1000	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

FILED

MAR 28 2016

By **270 990**

KCM

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

Christopher A. Del Bonis, President

Print or Type Name of Authorized Representative