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.	2. Exact name of the Corporation			
113693	TCA Consulting Group, Inc.			

3. Principal office address	City	State	Zip
3011 Main Street	Glastonbury	CT	06003

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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Dorothy Cassandra			Gayle Adau		
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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
John Cassandra Jr.					
Street Address			Street Address		
609 Oak St.					
City	State	Zip	City	State	Zip
E. Hartford	CT	06118			
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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50,000 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.

FOR SECRETARY OF STATE USE ONLY		
File Date	**FILED**	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.
Check No	MAR 3 1 2016	_Colleen Fernandes_ 3/31/2016
By:		Signature of Authorized Representative Date
By 271518		Colleen Fernandes
	KM	Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012