



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. 113693		2. Exact name of the Corporation TCA Consulting Group, Inc.		
3. Principal office address 3011 Main Street		City Glastonbury	State CT	Zip 06033
4. Business Phone No. 860-657-8411		5. State of Incorporation 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) <input type="checkbox"/>				
President Name Dorothy Cassancho		Vice-President Name Gayle Adan		
Street Address 47 Lexington Road		Street Address 42 Cooper Drive		
City East Hartford	State CT	Zip 06112	City Glastonbury	State CT
Secretary Name		Treasurer Name John Cassancho Sr.		
Street Address		Street Address 47 Lexington Road		
City	State	Zip	City East Hartford	State CT
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name John Cassancho Jr.		Director Name		
Street Address 609 Oak St.		Street Address		
City E. Hartford	State CT	Zip 06112	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 31 2016

By 271518

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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.

Signature of Authorized Representative: Colleen Fernandes Date: 3/31/2016

Print or Type Name of Authorized Representative: Colleen Fernandes