



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 2017

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. 12532		2. Exact name of the Corporation TCS HOLDINGS, INC.						
3. Principal office address 233 Harris Avenue			City Providence	State RI	Zip 02903			
4. Business Phone No. 401 331 5930		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Sales and distribution of air conditioning and appliance parts.								
President Name Henry J. Dziadosz, Jr.			Vice-President Name Stephen Dziadosz					
Street Address 233 Harris Avenue			Street Address 233 Harris Avenue					
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903			
Secretary Name Ann Marie Maguire			Treasurer Name Henry J. Dziadosz, Jr.					
Street Address 30 Beverly Ann Drive			Street Address 233 Harris Avenue					
City North Providence	State RI	Zip 02911	City Providence	State RI	Zip 02903			
7. LIST ALL DIRECTORS (NAME AND ADDRESS) (SEE BOX FOR A FURTHER INFO)								
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. 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.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						500	Common	No Par Value

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

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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: Henry J. Dziadosz, Jr. Date: 1/25/2017

Henry J. Dziadosz, Jr., President

Print or Type Name of Authorized Representative