

**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. 574042		2. Exact name of the Corporation T.D.I., INC.			
3. Principal office address 221 Broadway Street		City Providence		State RI	Zip 02903
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Tour Operator					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Italo Giuseppe Tarzia			Vice-President Name Lorenzo Tarzia		
Street Address c/o Ralph Palumbo, CPA, 221 Broadway Street			Street Address c/o Ralph Palumbo, CPA, 221 Broadway Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Lorenzo Tarzia			Treasurer Name Italo Giuseppe Tarzia		
Street Address c/o Ralph Palumbo, CPA, 221 Broadway Street			Street Address c/o Ralph Palumbo, CPA, 221 Broadway Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Italo Giuseppe Tarzia			Director Name Lorenzo Tarzia		
Street Address c/o Ralph Palumbo, CPA, 221 Broadway Street			Street Address c/o Ralph Palumbo, CPA, 221 Broadway Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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
			100	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

Form No. 630
Revised: 01/2012

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

Italo Giuseppe Tarzia, President

Print or Type Name of Authorized Representative

FILED**MAR 02 2017****BY****11791 DS**