STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Divisic
100 North Main Street, Providence, RI 02903-133
401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 127111

2. Name of Corporation L.D.P., Inc.

3. Street Address Principal Business Office 999 Chalkstone Avenue

City Providence *State* RI *Zip* 02908

4. Business Phone No. (401) 351 5700

5. State of Incorporation RHODE ISLAND

6. SIC Code 6882

7. Brief Description of the Character of Business Conducted in Rhode Island

Consulting and Training

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Lucille DeClemente

Street Address 3890 Post Rd., Suite 5

City Warwick, *State* RI *Zip* 02886

Vice President Name

Street Address

City *State* *Zip*

Secretary Name Lucille DeClemente

Street Address 3890 Post Rd., Suite 5

City Warwick *State* RI *Zip* 02886

Treasurer Name Lucille DeClemente

Street Address 3890 Post Rd., Suite 5

City Warwick *State* RI *Zip* 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Street Address

City *State* *Zip*

Director Name

Street Address

City *State* *Zip*

Director Name

Street Address

City *State* *Zip*

Director Name

Street Address

City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600 COMM	NO PAR	VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

File Date: 2-7-05

Check No.: 5414

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Lucille DeClemente 2/1/05

Signature of Officer *Date*

Lucille DeClemente

Print or Type Name of Officer

Director

Title of Officer

Form 630 12/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of St.
Corporations Divisi
100 North Main Street, Providence, RI 02903-13.
401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ~~2004~~

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 127111
2. Name of Corporation: L.D.P., Inc.
3. Street Address Principal Business Office: 999 Chalkstone Avenue
   City: Providence State: RI Zip: 02908
4. Business Phone No.: (401)351-5700
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6882
7. Brief Description of the Character of Business Conducted in Rhode Island: Consulting & Training

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Lucille DeClemente
Street Address: 3890 Post Rd., Suite 5
City: Warwick State: RI Zip: 02886

Vice President Name:
Street Address:
City State Zip

Secretary Name: Lucille DeClemente
Street Address: 3890 Post Rd., Suite 5
City: Warwick State: RI Zip: 02886

Treasurer Name: Lucille DeClemente
Street Address: 3890 Post Rd., Suite 5
City: Warwick State: RI Zip: 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	COMM	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

File Date: 2/18/04
Check No.: 4066
By: QE

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Lucille DeClemente 2/5/04
Signature of Officer *Date*

Lucille DeClemente
Print or Type Name of Officer

President
Title of Officer

5

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of St
Corporations Divisi
100 North Main Street, Providence, RI 02903-13
401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 127111
2. Name of Corporation: L.D.P., Inc.
3. Street Address Principal Business Office: 999 Chalkstone Ave,
   City: Providence State: RI Zip: 02908
4. Business Phone No.: (401) 351 5700
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6882
7. Brief Description of the Character of Business Conducted in Rhode Island: Etiquette school

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Lucille DeClemente
Street Address: 3890 Post Rd., Suite 5
City: Warwick, State: RI Zip: 02886

Vice President Name:
Street Address:
City: State: Zip:

Secretary Name: Lucille DeClemente
Street Address: 3890 Post Rd., Suite 5
City: Warwick State: RI Zip: 02886

Treasurer Name: Lucille DeClemente
Street Address: 3890 Post Rd., Suite 5
City: Warwick, State: RI Zip: 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	no par valu

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

127111

File Date: 3.3.03

Check No.: 3036

By: VP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Lucille DeClemente 1/22/03
Signature of Officer Date

Lucille DeClemente
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 12/02