

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ 2005

riting Perioa: January I	I-March I • Fi	ling Fee: \$50.00			ENSTRUCTION
FORM MUST BE TYPED OR PRINTE. 1. Corporate ID No.	D IN BLACK) 2. Name of Corporation				
127111 3. Street Address Principal Business O	L.D.P., In	c.	City	Stale	Zip
999 Chalkstone 4. Business Phone No. (401) 351 5700		5. State of Incorporation RHODE I	Providence SLAND	RI	02908 6. SIC Code 6882
7. Brief Description of the Character o Consulting and 8. NAMES AND ADDRESSI President Name	Training		MENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTAC	CHMENTS
Lucille DeCleme	ente		Street Address		
3890 Post Rd., City Warwick, Secretary Name	Suite 5 Stote RI	zip 02886	City Theasurer Name	State	ZIp
Lucille DeCleme	ente		Lucille DeClen	nente	
3890 Post Rd.,		Zip	3890 Post Rd.,		Zip
Warwick 9. NAMES AND ADDRESSI Director Name	RI ES OF THE DIRECT	02886 ORS (*x* box for attac	Warwick CHMENT) FILLIN SPACE Director Name	RI s before using att	02886 ACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHA	AENT)	11. SHARES ISSUED (*)	K* BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Vulue	Number of Shares	Class/Series	Par Value
600 COMM NO PAR	R 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

	Under penalty of perjury, I declare and affirm that I have examined
2-7-05	this report, including any accompanying schedules and statements, that all statements contained herein are true and correct.
Check No.:	Signature of Officer Date Lucille DeClemente
1975	Print or Type Name of Officer
OR SECRETARY OF STATE: USE ONLY	Director

les and statements, and correct. Title of Officer Form 630 12102 **₹**\$> 5



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

401-222-30
STOP PLEASE READ INSTRUCTION

1. Corporate ID No. 2. Name of Corporation 127111 3. Street Address Principal Business Office L.D.P., Inc.		
3 Street Address Delivation Designation Office		
999 Chalkstone Avenue Providence	State	Zip
4. Business Phone No. S. State of Incorporation	RI	02908
(401)351-5700 RHODE ISLAND		6. SIC Code 6882
7. Brief Description of the Character of Business Conducted in Rhode Island		0002
Consulting & Training		
8. NAMÉS AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPAI President Name Vice President Name	CES BEFORE USING ATTA	CHMENTS
Lucille DeClemente		
3890 Post Rd., Suite 5		
Warwick RI 02886	State	Zip
Secretary Name Treasurer Name	• •	
Lucille DeClemente Lucille DeC	Clemente	
3890 Post Rd., Suite 5 $\frac{3890}{\text{State}}$ Post R	Rd., Suite 5	Zip
Warwick RI 02886 Warwick	RI	02886
Director Name Director Name Director Name	PACES BEFORE USING ATT	
treet Address Street Address		
Tuy State Zip City	State	Zip
Director Name Director Name		
treet Address Street Address		
ity State Zip City	State	Zip
0. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUE: UTHORIZED SHARES 12. SHARES ISSUE:	D (*x* box for attachment	r)
umber of Shares Class/Series Par Value Number of Shares	Class/Series	Par Value
600 COMM NO 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

File Date:	2118104	
Check No.: _	YXdo	
By:	918	
OR SECRET	ARY OF STATE USE ONLY	

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.

Luciele De Clemente 2

Signature of Officer

Lucille DeClemente

Print or Type Name of Officer

President

◆> 5

Ferm G30 12/01



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

STOP
PLEASE READ
INSTRUCTION

Filing Period: January	l-March 1 • Fi	ling Fee: \$50.00			PLEASE RIAI INSTRUCTION
(FORM MUST BE TYPED OR PRINTE 1. Corporate ID No. 127111	D IN BLACK) 2. Name of Corporation L.D.P., Inc.				
3. Street Address Principal Business O	ffice .		City	State	ZIp
999 Chalkston 4. Business Phone No. (401) 351 570	00	5. State of Incorporation RHODE ISLAND	Providence	RI	02908 6. sic code 6882
7. Brief Description of the Character o		ode Island			
Etiquette so 8. NAMES AND ADDRESS President Name		RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	EFORE USING ATTACH	MENTS
Lucille DeCle			Street Address		
3890 Post Rd. cuy Warwick,	s, Suite 5 State RI	zı, 02886	City	State	Zip
Secretary Name			Treasurer Name		
Lucille DeCle			Lucille DeClo	emente	
3890 Post Rd. _{City}	, Suite 5	Zip	3890 Post Rd	., Suite 5	Zip
Warwick 9. NAMES AND ADDRESSE Director Name	RI S OF THE DIRECT	: 02886 ORS (*x* box for attac	Warwick, CHMENT) FILL INSPACES Director Name	RI BEFORE USING ATTAC	02886 HMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHA	(ENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO 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

	* 1 2 7 1 1 1 *
File Date:	3 3 03
Check No.:	3036
Ву:	(P)
FOR SECRETARY	OF STATE USE ONLY