



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
 Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FOR
 SECRETARY OF STATE
 DEPARTMENT

1. Entity ID Number 105462		2. Exact name of the Corporation CDEL, Incorporated			
3. Principal Office Address 780 Reservoir Avenue, Suite 145			City Cranston	State RI	Zip 02910
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island To engage in the business of Importing goods of every kind, type and description.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher A. Del Bonis			Vice-President Name Christopher A. Del Bonis		
Street Address 32 Priscilla Drive			Street Address 32 Priscilla Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Christopher A. Del Bonis			Treasurer Name Christopher A. Del Bonis		
Street Address 32 Priscilla Drive			Street Address 32 Priscilla Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher A. Del Bonis			Director Name		
Street Address 32 Priscilla Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		Common
			PAR VALUE		No Par
11. 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.					
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.					
Name of Authorized Representative Christopher A. Del Bonis, President					Date 2-5-19
Signature of Authorized Representative <i>Christopher A. Del Bonis, President</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FEB 15 2019
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