



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83070		2. Name of Corporation C.D.2.I, Inc.			
3. Street Address Principal Business Office 69 ROGERS AVENUE		City EAST PROVIDENCE	State RI	Zip 02915	
4. Business Phone No. 4014330815		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS CONSULTING AND DEVELOPMENT AND FOR ANY OTHE LAWFUL PURPOSE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RALPH C. MARCIANO		Vice President Name RALPH C. MARCIANO			
Street Address 69 ROGERS AVENUE		Street Address 69 ROGERS AVENUE			
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name RALPH C. MARCIANO		Treasurer Name RALPH C. MARCIANO			
Street Address 69 ROGERS AVENUE		Street Address 69 ROGERS AVENUE			
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RALPH C. MARCIANO		Director Name			
Street Address 69 ROGERS AVENUE		Street Address			
City EAST PROVIDENCE	State RI	Zip 02915	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500 COMM NO PAR VALUE			100	COMMON	NO PAR

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



8 3 0 7 0

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 Officer Ralph C. Marciano Date 1/25/05  
RALPH C. MARCIANO  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

\*83070 DBC 12/27/04 11:06:08 AM\*

File Date 2/11/05

Check No. 1690

By: W.

FOR SECRETARY OF STATE USE ONLY



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-133  
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83070		2. Name of Corporation C.D.2.I, Inc.			
3. Street Address Principal Business Office 69 ROGERS AVENUE			City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. 4014330815		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS CONSULTING AND DEVELOPMENT AND FOR ANY OTHE LAWFUL PURPOSE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ralph C. Marciano			Vice President Name Ralph C. Marciano		
Street Address 69 Rogers Avenue			Street Address 69 Rogers Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Ralph C. Marciano			Treasurer Name Ralph C. Marciano		
Street Address 69 Rogers Avenue			Street Address 69 Rogers Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ralph C. Marciano			Director Name		
Street Address 69 Rogers Avenue			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1500	Common	No	100	common	no par

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



FILED

AUG 12 2004

\*83070 DBC 12/30/03 09:36:25 AM\*

File Date

By Kmc

Check No.

By:

FOR SECRETARY 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.

Signature of Officer

Ralph C. Marciano

Print or Type Name of Officer

President

Title of Officer

Date

1/5/04



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

83070

2. Name of Corporation

C.D.2.I, Inc.

3. Street Address Principal Business Office

69 Rogers Avenue

City

East Providence

State

RI

Zip

02915

4. Business Phone No.

(401) 433-0815

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

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

Business consulting and development and for any other lawful purpose.

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

President Name

Ralph C. Marciano

Vice President Name

Ralph C. Marciano

Street Address

69 Rogers Avenue

Street Address

69 Rogers Avenue

City

East Providence

State

RI

Zip

02915

City

East Providence

State

RI

Zip

02915

Secretary Name

Ralph C. Marciano

Treasurer Name

Ralph C. Marciano

Street Address

69 Rogers Avenue

Street Address

69 Rogers Avenue

City

East Providence

State

RI

Zip

02915

City

East Providence

State

RI

Zip

02915

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

Director Name

Ralph C. Marciano

Director Name

Street Address

69 Rogers Avenue

Street Address

City

East Providence

State

RI

Zip

02915

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,500 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par

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



\* 8 3 0 7 0 \*

File Date:

1-24-03

Check No.:

51535

By:

UP

FOR SECRETARY 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.

Signature of Officer

Date

Ralph C. Marciano

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/02



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83070** 2. Name of Corporation **C.D.I., Inc.**  
3. Street Address Principal Business Office **69 Rogers Avenue** City **E. Providence** State **RI** Zip **02915**  
4. Business Phone No. **(401) 433-0815** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Business consulting and development and for any other lawful purpose.**

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

President Name <b>Ralph C. Marciano</b> Street Address <b>69 Rogers Avenue</b> City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>	Vice President Name <b>Ralph C. Marciano</b> Street Address <b>69 Rogers Avenue</b> City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>
Secretary Name <b>Ralph C. Marciano</b> Street Address <b>69 Rogers Avenue</b> City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>	Treasurer Name <b>Ralph C. Marciano</b> Street Address <b>69 Rogers Avenue</b> City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>

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

Director Name <b>Ralph C. Marciano</b> Street Address <b>69 Rogers Avenue</b> City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>	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
<b>1,500 COMM NO PAR VALUE</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

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



\* 8 3 0 7 0 \*

File Date: 1/24/02  
Check No.: 1525  
By: CM

FOR SECRETARY 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.

Signature of Officer [Signature] Date 1/18/2002

**Ralph C. Marciano**

Print or Type Name of Officer

**President**

Title of Officer



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83070** 2. Name of Corporation **C.D.2.I, Inc.**  
3. Street Address Principal Business Office  
**69 Rogers Avenue** City **E. Providence** State **RI** Zip **02915**  
4. Business Phone No. **(401) 433-0815** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

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

Business consulting and development and for any other lawful purpose.

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

President Name <b>Ralph C. Marciano</b> Street Address <b>69 Rogers Avenue</b> City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b> Secretary Name <b>Ralph C. Marciano</b> Street Address <b>69 Rogers Avenue</b> City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>	Vice President Name <b>Ralph C. Marciano</b> Street Address <b>69 Rogers Avenue</b> City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b> Treasurer Name <b>Ralph C. Marciano</b> Street Address <b>69 Rogers Avenue</b> City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>
--	---

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

Director Name <b>Ralph C. Marciano</b> Street Address <b>69 Rogers Avenue</b> City <b>E. Providence</b> State <b>RI</b> Zip <b>02915</b>	Director Name  Street Address  City State Zip
--	---

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,500 SHS NO PAR COMM</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

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



\* 8 3 0 7 0 \*

File Date: 2/28  
1461

Check No.: 2

By: \_\_\_\_\_

FOR SECRETARY 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.

Signature of Officer

**Ralph C. Marciano**

Print or Type Name of Officer

**President**

Title of Officer

Date



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83070** 2. Name of Corporation **C.D.2.I, Inc.**  
3. Street Address Principal Business Office **69 Rogers Avenue** City **East Providence** State **RI** Zip **02915**  
4. Business Phone No. **(401) 433-0815** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Business consulting and any other lawful purpose**

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

President Name <b>Ralph C. Marciano</b>	Vice President Name <b>Ralph C. Marciano</b>
Street Address <b>69 Rogers Avenue</b>	Street Address <b>69 Rogers Avenue</b>
City <b>East Providence</b> State <b>RI</b> Zip <b>02915</b>	City <b>East Providence</b> State <b>RI</b> Zip <b>02915</b>
Secretary Name <b>Ralph C. Marciano</b>	Treasurer Name <b>Ralph C. Marciano</b>
Street Address <b>69 Rogers Avenue</b>	Street Address <b>69 Rogers Avenue</b>
City <b>East Providence</b> State <b>RI</b> Zip <b>02915</b>	City <b>East Providence</b> State <b>RI</b> Zip <b>02915</b>

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

Director Name <b>Ralph C. Marciano</b>	Director Name
Street Address <b>69 Rogers Avenue</b>	Street Address
City <b>East Providence</b> State <b>RI</b> Zip <b>02915</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,500 SHS NO PAR COMM</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>no par</b>

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



\* 8 3 0 7 0 \*

File Date: 1/13/00

Check No.: 1400

By: 2

FOR SECRETARY 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.

Signature of Officer

Date

**Ralph C. Marciano**

Print or Type Name of Officer

**President**

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>83070</b>		2. Name of Corporation <b>C.D.2.I, Inc.</b>	
3. Street Address Principal Business Office <b>69 Rogers Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>7286</b>		7. Brief Description of the Character of Business Conducted in Rhode Island <b>Business consulting and any other lawful purpose</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Ralph C. Marciano</b>		Vice President Name <b>Ralph C. Marciano</b>	
Street Address <b>69 Rogers Avenue</b>		Street Address <b>69 Rogers Avenue</b>	
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>
Secretary Name <b>Ralph C. Marciano</b>		Treasurer Name <b>Ralph C. Marciano</b>	
Street Address <b>69 Rogers Avenue</b>		Street Address <b>69 Rogers Avenue</b>	
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Ralph C. Marciano</b>		Director Name	
Street Address <b>69 Rogers Avenue</b>		Street Address	
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
<b>1,500 SHS NO PAR COMM</b>			<b>100</b>
			<b>Common</b>
			<b>no par</b>

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



\* 8 3 0 7 0 \*

File Date:

Check No.:

By:

FOR SECRETARY 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.

Signature of Officer

Date

**Ralph C. Marciano**

Print or Type Name of Officer

**President**

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>83070</b>		2. Name of Corporation <b>C.D.2.I, Inc.</b>	
3. Street Address Principal Business Office <b>69 Rogers Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
4. Business Phone No.		Zip <b>02915</b>	
5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7286</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Business consulting and any other lawful purpose.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name <b>Ralph C. Marciano</b>		Vice President Name <b>Ralph C. Marciano</b>	
Street Address <b>69 Rogers Avenue</b>		Street Address <b>69 Rogers Avenue</b>	
City <b>East Providence</b>	State <b>RI</b>	City <b>East Providence</b>	State <b>RI</b>
Zip <b>02915</b>		Zip <b>02915</b>	
Secretary Name <b>Ralph C. Marciano</b>		Treasurer Name <b>Ralph C. Marciano</b>	
Street Address <b>69 Rogers Avenue</b>		Street Address <b>69 Rogers Avenue</b>	
City <b>East Providence</b>	State <b>RI</b>	City <b>East Providence</b>	State <b>RI</b>
Zip <b>02915</b>		Zip <b>02915</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name <b>Ralph C. Marciano</b>		Director Name	
Street Address <b>69 Rogers Avenue</b>		Street Address	
City <b>East Providence</b>	State <b>RI</b>	City	State
Zip <b>02915</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,500 SHS NO PAR COMM</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>100</b>	<b>common</b>	<b>no par</b>	

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



\* 8 3 0 7 0 \*

File Date: **2-12-98**  
Check No.: **1053**  
By: **[Signature]**  
FOR SECRETARY 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.

Signature of Officer: **[Signature]** Date: **2-14-97**  
Print or Type Name of Officer: **Ralph C. Marciano**  
Title of Officer: **President**





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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040

**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>83070</b>		2. Name of Corporation <b>C.D.2.I, Inc.</b>	
3. Street Address Principal Business Office <b>69 Rogers Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Business consulting and any other lawful purpose.</b>		6. SIC Code <b>7286</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name <b>Ralph C. Marciano</b>		Vice President Name <b>Ralph C. Marciano</b>	
Street Address <b>69 Rogers Avenue</b>		Street Address <b>69 Rogers Avenue</b>	
City <b>East Providence</b>	State <b>RI</b>	City <b>East Providence</b>	State <b>RI</b>
Zip <b>02915</b>		Zip <b>02915</b>	
Secretary Name <b>Ralph C. Marciano</b>		Treasurer Name <b>Ralph C. Marciano</b>	
Street Address <b>69 Rogers Avenue</b>		Street Address <b>69 Rogers Avenue</b>	
City <b>East Providence</b>	State <b>RI</b>	City <b>East Providence</b>	State <b>RI</b>
Zip <b>02915</b>		Zip <b>02915</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name <b>Ralph C. Marciano</b>		Director Name	
Street Address <b>69 Rogers Avenue</b>		Street Address	
City <b>East Providence</b>	State <b>RI</b>	City	State
Zip <b>02915</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>1,500 SHS NO PAR COMM</b>		<b>100</b>	<b>common</b>
Par Value		Par Value	
		<b>no par</b>	

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



\* 8 3 0 7 0 \*

File Date: **2/27/97**  
Check No.: **1186**  
By: **CCR**

FOR SECRETARY 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.

Signature of Officer: **Ralph C. Marciano** Date: **2-17-97**  
Print or Type Name of Officer: **Ralph C. Marciano**  
Title of Officer: **President**

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE DNO 83070		2 NAME OF CORPORATION C.D.2.I, Inc.			
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 69 Rogers Avenue		4 CITY East Providence	5 STATE RI		
6 ZIP CODE 02915		7 BUSINESS PHONE NO			
8 STATE OF INCORPORATION RHODE ISLAND		9 SEC CODE 8888			
10 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Business consulting and any other lawful purpose					
<b>11 NAMES AND ADDRESSES OF THE OFFICERS</b>					
PRESIDENT NAME Ralph C. Marciano		VICE PRESIDENT NAME Ralph C. Marciano			
STREET ADDRESS 69 Rogers Avenue		STREET ADDRESS 69 Rogers Avenue			
CITY East Providence	STATE RI	ZIP CODE 02915	CITY East Providence		
SECRETARY NAME Ralph C. Marciano		TREASURER NAME Ralph C. Marciano			
STREET ADDRESS 69 Rogers Avenue		STREET ADDRESS 69 Rogers Avenue			
CITY East Providence	STATE RI	ZIP CODE 02915	CITY East Providence		
<b>12 NAMES AND ADDRESSES OF THE DIRECTORS</b>					
DIRECTOR NAME Ralph C. Marciano		DIRECTOR NAME			
STREET ADDRESS 69 Rogers Avenue		STREET ADDRESS			
CITY East Providence	STATE RI	ZIP CODE 02915	CITY		
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY		
<b>13 SHARES AUTHORIZED AND ISSUED</b>					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,500 SHS	NO PAR COMM		100	common	

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 this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

File Date:

3/7/96

Check No.

1102

By:

*[Signature]*

For Secretary of State Use Only

Signature of Officer

*Ralph C. Marciano*

Print or Type Name of Officer

PRESIDENT

Title of Officer

3/7/96 *[Signature]*

Date