

1. Corporate ID No. 83070

3. Street Address Principal Business Office

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

FOR SECRETARY OF STATE USE ONLY

Check No.

2. Name of Corporation

C.D.2.I, Inc.

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

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

Form 630 12/01

Stepartire of Officer

Title of Officer

Print or Type Name of Officer **PRESIDENT**

RALPH C. MARCIANO

PROFIT CORPORATION ANNIIAL REPORT FOR THE VEAR 2005

I NOTH CONFORMITON	ANNUAL REPURITOR	THE YEAR 2005
Filing Period: January 1 - March 1 •	Filing Fee: \$50.00	
(FORM MUST BE TYPED IN BLACK)	. •	

3. Street Address Principal Busin	ess Office		City	State	Zip
69 ROGERS AVENUE			EAST PROVIDENCE	RI	02915
4. Business Phone No.		5. State of Incorpora			6. SIC Code
4014330815		RHODE ISLAI	ND		7286
7. Brief Description of the Chard	cter of Business Con	ducted in Rhode Island			
BUSINESS CONSULTING	AND DEVELOPM	ENT AND FOR ANY (OTHE LAWFUL PURPOSE.		
8. NAMES AND ADDRESS	SES OF THE OFF	TCERS ("X" BOX FOR.	ATTACHMENT) FILL IN SPACE	S REFORE USING A	TACHMENTS .
President Name			Vice President Name		
RALPH C. MARCIANO			RALPH C. MARCIANO	ı	
Street Address			Street Address		
69 ROGERS AVENUE			· 69 ROGERS AVENUE		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02915	· EAST PROVIDENCE	RI	02915
Secretary Name	·		Treasurer Name		
RALPH C. MARCIANO			RALPH C. MARCIANO		
Sircei Address 69 ROGERS AVENUE			Street Address		
			.69 ROGERS AVENUE		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02915	. EAST PROVIDENCE	RI	02915
Director Name	SES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN SPACE	CES BEFORE USING	ATTACHMENTS
RALPH C. MARCIANO			:		
Street Address			· Street Address	,	
69 ROGERS AVENUE			•		
City	State	Zip	•City	State	Zip
EAST PROVIDENCE	RI	02915	•	ţ	
Director Name			Director Name	• • • • • • • • •	• • • • • • • • • • • • •
			•		
Sireei Address			Street Address		
<u> </u>	Te				
City·	State	Zip	City	State	Zip
10 CILADEC ANDIONIO	<u></u>	1	<u> </u>		
10. SHARES AUTHORIZE AUTHORIZED SHARES	D C'X" BOX FOR	ATTACHMENT) 📗	11. SHARES ISSUED ("X" BO	ON FOR ATTACHMEN	<i>τ</i> η 🗆
Number of Shares	Class/Scries	Par Value	ISSUED SHARES Number of Shares	(Class/Series	iPar Value
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This range must be sing	d in interior	un de Dunette de 12	1	1	
ina report musi ve signe	a in ink by eithe	er ine Fresiaeni, Vice	President, Secretary, Assistan	u secretary, Treast	urer, Keceiver or Trustee
[] 10 10 10 10 10 10 10 1					
8 3 0	7 0		Under penalty of perjury	, I declare and affirm	that I have examined



Matthew A. Brown, Secretary of State Corporations Divisio 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 BL					
1. Corporate ID No.	2. Name of Corporation	1			
83070	C.D.2.I, Inc.				
3. Street Address Principal Busine	ss Office		City	State	Zip
69 ROGERS AVENUE			EAST PROVIDENCE	RI	02915
4. Business Phone No.	· <u>·</u> ··	5. State of Incorporation	<u> </u>	1	6. SIC Code
4014330815		RHODE ISLAND			7286
7. Brief Description of the Charac BUSINESS CONSULTING	ter of Business Conducted AND DEVELOPMENT	d in Rhode Island AND FOR ANY OTHE	LAWFUL PURPOSE.		
8. NAMES AND ADDRESS	ES OF THE OFFICE	R\$ ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTAC	CHMENTS
President Name			Vice President Name		
Ralph C. Marciano			Ralph C. Marciano		
Street Address			Sireei Address		
69 Rogers Avenue			- 69 Rogers Avenue		
City	State	Zip	City	Stote	Zip
East Providence	RI	02915	• East Providence	RI	02915
Sccretary Name		······	Treasurer Name	······································	
Ralph C. Marciano			Ralph C. Marciano		
Street Address			* Sircei Address		
69 Rogers Avenue			.69 Rogers Avenue		
Cin	State	17/-		Та: .	Tai
East Providence	RI	Zip 02915	City	State	Zip
	<u> </u>	L	.East Providence	RI	02915
Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT) 🗌 FILL IN SPACE	S BEFORE USING ATT	ACHMENTS
			Director Name		
Ralph C. Marciano			•		
Street Address		<u>-</u>	- Street Address	AUG.	
69 Rogers Avenue			•	7	
City	State	Zip	·City	State	Zipri
East Providence	RI	02915	• ***	, -	
Director Name	J:::	1	•	رین	J., 24
			· Director Name		· ` ;=
Street Address				<u> </u>	<u> </u>
Sireer Address			·Street Address	F'A	그렇다.
City	State	14.	•	-	
Cuy	Siare	Zip	.Ciry	State =	Zip!
10. SHARES AUTHORIZEI	YEVE BOY COD ATT	CHACAET T		 	1
) ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX	(FOR ATTACHMENT)	<u></u>
AUTHORIZED SHARES Number of Shares	Classification	Par Value	ISSUED SHARES	Tai e :	To */ 1
ivamber by shares	Class/Series	rar value	Number of Shares	Class/Series	Par Value
1500	Common	No	100	common	no par
	Common	700			_
			<u> </u>	[
This report must be signed	in ink by either the	e President, Vice Pres	ident, Secretary, Assistant .	Secretary, Treasurer,	Receiver or Truste
61 16166 1911 66 19 1	1011 001				
	!!!!				
	iiii Fii	LED			
8 3 0 7	0		Under penalty of perjury, I	declare and affirm that I	have examined
	ALIC	1 2 2004	this report including any a	ccompanying schedules	and statements,
83070 DBC 12/30/03 0	9:36:25 AM	L & LUUT	and that all statements con	tained herein/arg/true an	d correct.
333, 5 223 12,00,00 0.	By <u>\</u>	. WA (But	1/5/04	
File Date			Mu	1/3/07	
•	à	$^{\circ}$ uind $^{\circ}$	Signature of Officer	Date	
Check No.	\	- 1000	Ralph C. Marcia	ano	
			Print or Type Name of Officer		
B <u>y:</u>					
FOR SECRETARY OF STATE L	ISE ONLY		President		
	'		Tilla Al Milicar		En. #20 13/



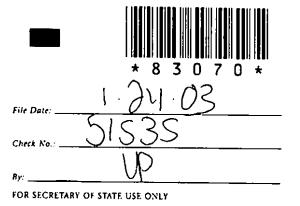
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

CODE A LABOR DE TIMED OF BRANCH					
(FORM MUST BE TYPED OR PRINT) 1. Gorporate ID Na.	D IN BLACK) 2. Name of Corpor	ration.			
83070	- ,				
3. Street Address Principal Business (C.D.2.I, Ind	; ,			
69 Rogers Avenue	Hice		City	State	7.1p
4. Business Phone No.		6.60	East Providence	RI	02915
(401) 433-0815		S. State of Incorporation	ı		6. SIC Code
7. Brief Description of the Character (of Business Condusted	RHODE ISLAN	D		7286
Publics Consulti	ng and deve	ropment and for a	nny other lawful purp		
8. NAMES AND ADDRESS President Name	ES OF THE OFF	-ICERS ("X" BOX FOR ATTA		FORE USING ATTAC	CHMENTS
Ralph C. Marciano			Vice President Name		
Street Address			Ralph C. Marcian	3	
69 Rogers Avenue			Street Address		
City	State	Zip	69 Rogers Avenue	_	
East Providence	RI	02915	City	State	Zip
Secretary Name	KI.	02313	East Providence	RI	02915
Ralph C. Marciano			Treasurer Name	_	
Street Address			Ralph C. Marciano	0	
69 Rogers Avenue			** * ***		
City	State	Zip	69 Rogers Avenue	•	_
East Providence	RI	02915	East Providence	State RI	Zip 02015
9. NAMES AND ADDRESS				-	02915
Director Name	C5 01 1111, 151K	LCHORS CA BOX FOR AL	Director Name	EFORE USING ATT	ACHMENTS
Ralph C. Marciano					
Street Address			Street Address		
69 Rogers Avenue					
City	State	Zip	City	State	Zip
East Providence	RI	02915	,		e.ip
Director Name			Director Name		• • • • • • • • • • • • • • • • • • • •
Street Address			Street Address		
City	State	Zip	Gity	State	Zip
					·
10. SHARES AUTHORIZED	("X" BOX FOR ATT	TACHMENT)	II. SHARES ISSUED (*x*)	BOX FOR ATTACHMENT	7
AUTHORIZED SHARES			DSSUFI) SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500 COMM NO PAR VAL	HE		100	COMMOS	no non
13000 OOMIN HO LAW AWE	UL		100	common	no par

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



Form 630 12/02



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

(FORM MUST BE TYPED IN BLACK)

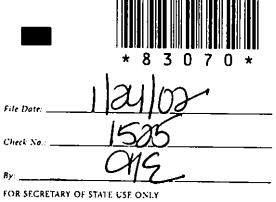
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

•	CORPORATION	ANNUAL	REPORT	FOR	THE	VFAR	200



1. Corporate ID No.	2 Name of Corporation			- · ·	
83070	C.D.2.I, Inc.				
3. Street Address Principal Business (City	State	Zip
69 Rogers Avenue 4. Business Phone No.		5. State of Incorporation	E. Providence	RI	02915
(401) 433-0815		RHODE ISLAND			6. SIC Gode 7286
7. Brief Description of the Character					
			ny other lawful pur MENT) FILL IN SPACES BEF Vice President Name		MENTS
Ralph C. Marcian Street Address	0		Ralph C. Marcian Street Address	0	
69 Rogers Avenue			69 Rogers Avenue		
City	State	Zip	City	Sinte	Zip
E. Providence Secretary Name	RI .	02915	E. Providence	RI	02915
Ralph C. Marcian	0		Ralph C. Marciano Street Address		
69 Rogers Avenue			69 Rogers Avenue		
City	State	Zip	City	State	7.lp
E. Providence	RI	02915	E. Providence	ŔĮ	02915
9. NAMES AND ADDRESS Director Name Ralph C. Marcian Street Address	0	ORS (*x* box for attac	THMENT) FILL IN SPACES B Director Name Street Address	EFORE USING ATTAC	HMENTS
69 Rogers Avenue					
City	State	Zip	City	State	Zip
E. Providence Director Name	RI	02915	Director Name		•
Street Address			Street Address		
Cuy	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACH!	MENT) 2	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500 COMM NO PAR VAL	UE	•	100	Common	No Par
			<u> </u>		•
his report must be signe	d in ink by either (MIN IIII KIII IIII IIII IIII	the President, Vice Pr	resident, Secretary, Assistan	it Secretary, Treasure	r, Receiver or Trus

<>>> 3



Under penalty of perjury I declare any 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 <u>President</u>



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



1. Corporate ID No.					
83070	2. Name of Corporation C.D.2.I, In	c.			
3. Street Address Principal Business Oj	ffice		City	State	Zip
69 Rogers Avenue 4. Business Phone No		5. State of Incorporation	E. Providence	RI	02915 6. ¥2.8%
(401) 433-0815 7. Brief Description of the Character of	f Business Conducted in Rh	RHODE ISLAND ode Island			
Business consulting	g and develop	ent and for any	other lawful purpo	ose.	
8. NAMES AND ADDRESSI President Name				FORE USING ATTACE	MENTS
Ralph C. Marciano Street Address			Ralph C. Marcian	no	
69 Rogers Avenue			69 Rogers Avenue	1	
City	State	ZIp	City	State	Zip
E. Providence Secretary Name	RI	02915	E. Providence .	RI	. 02915
Ralph C. Marciano Street Address			Ralph C. Marcian	10	
69 Rogers Avenue			69 Rogers Avenue	1	
chy E. Providence	State	Zip	Clty	State	Zip
9. NAMES AND ADDRESSI Director Nume Ralph C. Marciano	S OF THE DIRECT	ORS (*x* box for attac	HMENT) FILL IN SPACES B Director Name	BEFORE USING ATTA	CHMENTS
Street Address			Street Address		
			Street Address		
Street Address 69 Rogers Avenue City	State	Zip	Street Address	State	Zip
69 Rogers Avenue	State RI	7.ip 02915		State	Zip
69 Rogers Avenue City E. Providence		•	;Cny	State	Zip • • • • • • • • • • • • • • • • • • •
69 Rogers Avenue City E. Providence Director Nume		•	Cuy Director Name	State	Zip • • • • • • • • • • • • • • • • • • •
69 Rogers Avenue City E. Providence Director Nume Street Address City 10. SHARES AUTHORIZED	RI	02915	City Director Name Street Address	State	Zip
69 Rogers Avenue City E. Providence Director Nume Street Address City 10. SHARES AUTHORIZED AUTHORIZED SHARES	RI	02915	City Director Name Street Address City 11. SHARES ISSUED (*X*)	State	Zip
69 Rogers Avenue City E. Providence Director Nume Street Address City 10. SHARES AUTHORIZED AUTHORIZED SHARES	RI Sinte C*X* BOX FOR ATTACH.	02915 Zip	City Street Address City 11. SHARES ISSUED (*X*)	State BOX FOR ATTACHMENT)	Zip
69 Rogers Avenue City E. Providence Director Nume Street Address City 10. SHARES AUTHORIZED AUTHORIZED SHARES Number of Shares	RI Sinte C*X* BOX FOR ATTACH.	02915 Zip	Director Name Street Address City 11. SHARES ISSUED (*X*) ISSUED SHARIS Number of Shares	State BOX FOR ATTACHMENT) Class/Series	Zip Par Value

	83070
	2/28
Eile Date:	1461
Check No.:	7.
Ву:	
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjuly, 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 corpect.

Signature of Officer

Ralph C. Marciano
Print or Type Name of Officer

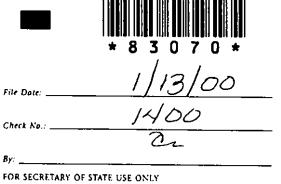
President



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

	(K)				
1. Corporate ID No. 83070	2. Name of Corpo				
3. Street Address Principal Business (City	State	Zip
69 Rogers Avenue	!		East Providence	ŔI	02915
4. Business Phone No. (401) 433-0815		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character Business consult		in Rhode island y other lawful purp	ose		
		FICERS ("X" BOX FOR ATTACH		FORE USING ATTAC	HMENTS
President Name			Vice President Name		
Ralph C. Marcian	0		Ralph C. Marciano	1	
69 Rogers Avenue			Street Address		
City	State	714	69 Rogers Avenue	_	
East Providence	RI	zıp 02915	Ciry East Providence	State RI	Zip
Secretary Name		02713	Treasurer Name	KI	02915
Ralph C. Marcian Street Address	o		Ralph C. Marciano		
69 Rogers Avenue	State	Zip	69 Rogers Avenue	State	Zip
East Providence 9. NAMES AND ADDRESS Director Name	RI ES OF THE DII	02915 RECTORS (*x* BOX FOR ATTAC	East Providence CHMENT) FILL IN SPACES B Director Name	RI EFORE USING ATTA	02915 CHMENTS
9. NAMES AND ADDRESS Director Name Ralph C. Marcian	es of the dii	02915 RECTORS (*x* BOX FOR ATTAC	CHMENT) FILL IN SPACES B		02915 CHMENTS
9. NAMES AND ADDRESS Director Name Ralph C. Marcian Street Address 69 Rogers Avenue	es of the dii	02915 RECTORS (*X* BOX FOR ATTAC Zip 02915	CHMENT) FILL IN SPACES B Director Name		02915 CHMENTS
9. NAMES AND ADDRESS Director Name Ralph C. Marcian Street Address 69 Rogers Avenue City East Providence	ES OF THE DII O State	RECTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES B Director Name Street Address	EFORE USING ATTA	CHMENTS
9. NAMES AND ADDRESS Director Name Ralph C. Marcian Street Address 69 Rogers Avenue City	ES OF THE DII O State	RECTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES B Director Name Street Address City	EFORE USING ATTA	CHMENTS
9. NAMES AND ADDRESS Director Name Ralph C. Marcian Street Address 69 Rogers Avenue City East Providence Director Name	ES OF THE DII O State	RECTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES B Director Name Street Address City Director Name	EFORE USING ATTA	CHMENTS
9. NAMES AND ADDRESS Director Name Ralph C. Marcian Street Address 69 Rogers Avenue City East Providence Director Name Street Address	State State State	Zip O2915	CHMENT) FILL IN SPACES B Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED ("X" B	State State	CHMENTS Zip Zip
9. NAMES AND ADDRESS Director Name Ralph C. Marcian Street Address 69 Rogers Avenue City East Providence Director Name Street Address City 10. SHARES AUTHORIZEE	State State State	Zip O2915	CHMENT) FILL IN SPACES B Director Name Street Address City Director Name Street Address City	State State	CHMENTS Zip Zip



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.

bonke

Signature of Officer Date

Ralph C. Marciano Print or Type Name of Officer

President



FOR SECRETARY OF STATE USE ONLY

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

ROTTI CORTORATION	ANNUAL REPURI	FUK INE	YEAK 1333
iling Period: January 1-March 1 •	Filing Fee: \$50.00		

(FORM MUST BE TYPED IN BL	ACK)				182180011033
1. Gorparate ID No. 83070	2. Name of Corporat C.D.2.I, Inc.	ion	·		
3. Street Address Principal Busines	Office		City	State	Zip
69 Rogers Avenue 4. Business Phone No.	<u> </u>		East Providence	RI	02915
(5. State of Incorporation RHODE ISLA			6. SIC Code 7286
7. Brief Description of the Characte Business consulting	of Business Conducted in and any other la	Rhode Island awful purpose			
8. NAMES AND ADDRES	SSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES BE	FORE USING ATTA	CHMENTS
President Name Ralph C. Marciano			Vice President Name Ralph C. Marciano		Ħ.
Street Address			Street Address		i
69 Rogers Avenue			69 Rogers Avenue		}
East Providence	State R1	02915	City East Providence	State R1	2ip 02915 ,
Secretary Name Ralph C. Marciano	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	Treasurer Name Ralph C. Marciano		
Street Address 69 Rogers Avenue		— · · · · · · · · · · · · · · · · · · ·	Street Address 69 Rogers Avenue		<u> </u>
City	State	ZIP	City	State	Zip
East Providence	. RI	02915	East Providence	RI	02915
9. NAMES AND ADDRES Director Name Ralph C. Marciano	SSES OF THE DIRE	CTORS (*X* BOX FOR A	Director Kaine	BEFORE USING AT	ACHMENTS
Street Address 69 Rogens Avenue			Street Address		
City East Providence	State	02915	City	State	Zip
Director Name		••••	Director Name		·····.
Street Address			Street Address		
City	State	Zip		Tai	
•	<u> </u>		City	State	Zip .
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	CHMENT) 🔲	11. SHARES ISSUED (*x*	BOX FOR ATTACHMEN	
AUTHORIZED SHARES		 	ESPLUED SHARES		
Number of Shares	Class/Series	Far Value	Number of Shares	Class/Series	Par Value
1,500 SHS NO PAR	COMM		100	Common	no par
This report must be sign	ed in ink by eithe	er the President Vice	President, Secretary, Assista	nt Secretary Trees	urar Paccines as Tours
	8 3 0 7 0				m that I have examined
File Date:	1999 1983	- ···- ··	this report, including a that all statements conf	ny arcompanylys sci	redules and statements, and
Check No.:		724-	Ralph C. Marcia	00	Date /
Ву:	0 10 -	100	Print or Type Name of Officer		

President



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

1. Corporate 1D No. 83070	2. Name of Corpora C.D.2.I, Inc	tion .			
3. Street Address Principal Business (Office	• • • • • • • • • • • • • • • • • • • •	i City	State	Zip
69 Rogers Avenue			East Providence	RI	02915
4. Business Phone No.	·	S. State of Incorporal RHODE ISL	lon	· · · · · · · · · · · · · · · · · ·	6. SIC Code 7286
7. Brief Description of the Character Business consultin			pose.		
8. NAMES AND ADDRESS President Name				-	<u>.</u> .
Ralph C. Marciano Street Address			Ralph C. Marcian	o	
69 Rogers Avenue			:69 Rogers Avenue		
City	State	Zip	· City	State	Zip
East Providence Secretary Name	RI	02915	East Providence	RI	02915
Ralph C. Marciano Street Address			Ralph C. Marciano Street Address		
69 Rogers Avenue			69 Rogers Avenue		
cup East Providence	State RI	zip 02915	City	State	Zip
9. NAMES AND ADDRESS			East Providence	RI	02915
Director Name Ralph C. Marciano	2.5 07 1111, 1718	DCTORS (A BOA FOR	Director Name		
Street Address 69 Rogers Avenue			· Street Address		
City	State	Zip	. City	· State	Zip
East Providence	RI	02915	:	•	,
Director Name	··•	•	: Director Name	** **** * ** * ** **	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHME) !
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500 SHS NO PAR COMM		100	common	no par	
			; 		•

	* 8 3 0 7 0 *				
File Date:	2.13.98				
Check No.:	1953				
By:FOR SECRETAR	Y 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 spatalned bytein are true and correct. Signature of Officer

arcian

Print or Type Name of Officer

Iresiden Title of Officer



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

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(FORM MUST BE TYPEL)	IN DENCES	

1. Corporate ID No. **83070** 2. Name of Corporation C.D.2.I, Inc. 3. Street Address Principal Business Office City State 69 Rogers Avenue ¡East Providence I RI 02915 4. Business Phone No. State of Incorporation 6. SIC Code RHODE ISLAND 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) President Name Vice President Name Ralph C. Marciano Ralph C. Marciano Street Address Street Address 69 Rogers Avenue 69 Rogers Avenue State Zip State Zip East Providence RT 02915 East Providence 02915 RI Secretary Name Treasurer Name Ralph C. Marciano Ralph C. Marciano Street Address Street Address 69 Rogers Avenue 69 Rogers Avenue City State Zip City State Zip East Providence RΙ 02915 East Providence RI 02915 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Director Name Ralph C. Marciano Street Address Street Address 69 Rogers Avenue State City State Zip East Providence RI 02915 Director Name Director Name Street Address Street Address Čliý T State 1 Zip City State ZIp 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Closs/Series Par Value 100 1,500 SHS NO PAR COMM common no par

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

File Date:	M2197.			
Check No.:	1186			
Ву:	cor			
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 brein are true and correct.

Signature of officer

Print or Type Name of Officer

Print or Type Name of Officer

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

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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: Check No. Ву:

Signature of Officer Print or Type Name of Officer