



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 113693		2. Name of Corporation TCA CONSULTING GROUP, INC.			
3. Street Address Principal Business Office 39 New London Turnpike			City GLASTONBURY	State CT	Zip 06118
4. Business Phone No. 860 657 8411		5. State of Incorporation DELAWARE			6. SIC Code 7371
7. Brief Description of the Character of Business Conducted in Rhode Island INFORMATION TECHNOLOGY CONSULTING, CONTRACTING AND STAFFING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DOROTHY CASSANOVA			Vice President Name JOHN COYLE ADAM		
Street Address 47 Lexington Rd			Street Address 47 Lexington Rd		
City EAST HARTFORD	State CT	Zip 06118	City EAST HARTFORD	State CT	Zip 06118
Secretary Name JOHN CASSANOVA			Treasurer Name JOHN CASSANOVA		
Street Address 47 Lexington Rd			Street Address 47 Lexington Rd		
City EAST HARTFORD	State CT	Zip 06118	City EAST HARTFORD	State CT	Zip 06118
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DOROTHY CASSANOVA			Director Name		
Street Address 47 Lexington Rd			Street Address		
City EAST HARTFORD	State CT	Zip 06118	City	State	Zip
Director Name JOHN CASSANOVA			Director Name		
Street Address 47 Lexington Rd			Street Address		
City EAST HARTFORD	State CT	Zip 06118	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300,000	\$0.01 PAR VALUE		50,000	Common 1 st 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 this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Handwritten Signature] Date: 5-10-05

Print or Type Name of Officer: JOHN CASSANOVA

Title of Officer: SECRETARY

File Date: 5-26-05
 Check No.: 4972
 By: [Signature]

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 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections for: 1. Corporate ID No. (113693), 2. Name of Corporation (TCA CONSULTING GROUP, INC.), 3. Street Address Principal Business Office (39 NEW LONDON TRAIL), 4. Business Phone No (860 657-8411), 5. State of Incorporation (DELAWARE), 6. SIC Code (7373), 7. Brief Description of the Character of Business Conducted in Rhode Island (INFORMATION TECHNOLOGY CONSULTING, CONTRACTING AND STAFFING SERVICES), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Dorothy Cassandra, 47 Lexington Rd, East Hartford, CT 06118; Secretary: John Cassandra, 47 Lexington Rd, East Hartford, CT 06118), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Director: Dorothy Cassandra, 47 Lexington Rd, East Hartford, CT 06118; Director: John Cassandra, 47 Lexington Rd, East Hartford, CT 06118), 10. SHARES AUTHORIZED (300,000 \$0.01 PAR VALUE), 11. SHARES ISSUED (50,000 Common, .01 Par Value).

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

FILED

JAN 20 2004

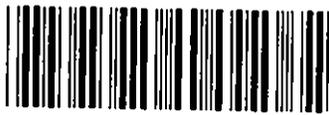
By KMC

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: John Cassandra, Date: 1-9-04

Print or Type Name of Officer: JOHN CASSANDRA

Title of Officer: SEC



* 1 1 3 6 9 3 *

File Date:
Check No.: 5642
By:
FOR SECRETARY OF STATE USE ONLY



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. **113693** 2. Name of Corporation **TCA CONSULTING GROUP, INC.**

3. Street Address Principal Business Office **39 New London Triple** City **Glastonbury** State **CT** Zip **06033**

4. Business Phone No. **860-657-8411** 5. State of Incorporation **DELAWARE**

7. Brief Description of the Character of Business Conducted in Rhode Island **Computer Programming Services, Data Processing Consulting** (INFORMATION TECHNOLOGY STAFFING)

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

President Name **Dorothy Cassandra**
Street Address **47 Lexington Rd**
City **E. HART** State **CT** Zip **06118**

Secretary Name **John Cassandra**
Street Address **47 Lexington Rd**
City **E. HART** State **CT** Zip **06118**

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

Director Name **Dorothy Cassandra**
Street Address **47 Lexington Rd**
City **E. HART** State **CT** Zip **06118**

Director Name **John Cassandra**
Street Address **47 Lexington Rd**
City **E. HART** State **CT** Zip **06118**

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

AUTHORIZED SHARES	Class/Series	Par Value
300,000		\$.01 PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
50,000	Common	.01

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



* 1 1 3 6 9 3 *

File Date: 3/27/03

Check No.: 4562

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 2/24/03
Print or Type Name of Officer JOHN CASSANDRA

Title of Officer



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. 113093 2. Name of Corporation TCA CONSULTING GROUP, INC
3. Street Address (Principal Business Office) 39 NEW LONDON TPKW, Glastonbury CT Zip 06033
4. Business Phone No. 860 657 8411 5. State of Incorporation DELAWARE 6. SIC Code 7303

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

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

President Name DOROTHY CASSANDRA Vice President Name
Street Address H7 Lexington Rd Street Address
City E. HARTFORD CT Zip 06118 City State Zip

Secretary Name JOHN CASSANDRA Treasurer Name
Street Address 47 Lexington Rd Street Address
City E. HARTFORD CT Zip 06118 City State Zip

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

Director Name DOROTHY CASSANDRA Director Name
Street Address H7 Lexington Rd Street Address
City E. HARTFORD CT Zip 06118 City State Zip

Director Name JOHN CASSANDRA Director Name
Street Address H7 Lexington Rd Street Address
City E. HARTFORD CT Zip 06118 City State Zip

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

AUTHORIZED SHARES
Number of Shares 300,000⁰⁰⁰ Class/Series Common Par Value .01

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

ISSUED SHARES
Number of Shares 50000 Class/Series Common Par Value .01

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

File Date: 8/6/2002
Check No.: 3774
By: [Signature]

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: 7-30-02
Print or Type Name of Officer: JOHN CASSANDRA
Title of Officer: Secretary

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. **113693** 2. Name of Corporation **TCA CONSULTING GROUP, INC.**
3. Street Address Principal Business Office
39 New London Turnpike City **Glastonbury** State **CT** Zip
4. Business Phone No. **860-657-8411** 5. State of Incorporation **DELAWARE** 6. SIC Code **7373**

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

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

President Name Dorothy Cassandra	Vice President Name none
Street Address 47 Lexington Rd	Street Address
City State Zip East Hartford CT 06118	City State Zip
Secretary Name John Cassandra	Treasurer Name none
Street Address 47 Lexington Rd	Street Address
City State Zip East Hartford CT 06118	City State Zip

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

Director Name Dorothy Cassandra	Director Name
Street Address 47 Lexington Rd	Street Address none
City State Zip East Hartford CT 06118	City State Zip
Director Name John Cassandra	Director Name
Street Address 47 Lexington Rd	Street Address none
City State Zip East Hartford CT 06118	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
300,000 \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
50,000 common \$.01

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



* 1 1 3 6 9 3 *

File Date: FILED

Check No. MAR 13 2001

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] 2-28-01
Signature of Officer Date
JOHN CASSANDORA
Print or Type Name of Officer
Sec
Title of Officer