RI SOS Filing Number: 202188115790 Date: 1/27/2021 4:00:00 PM

Department of State - Business Services Division

FILED

JAN 27 2021

BY 19950 DS

Annual Report for the year: 2021

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
42330	T-DEL Corporation			
3. Principal Office Address: 7 Price Lane		City: Smithfield	State: RI	Zip: 02917
4. NAICS Code: 23 Construction 23611	6. Brief description of the character of business conducted in Rhode Island: General Contracting and Construction			
5. State of Incorporation: RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Anthony DelGiudice			Vice-President Name: Lauraine DelGiudice		
Street Address: 7 Price Lane			Street Address: 7 Price Lane		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Secretary Name: Anthony DelGiudice			Treasurer Name: Anthony DelGiudice		
Street Address: 7 Price Lane			Street Address: 7 Price Lane		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Anthony DelGiudice			Director Name: Lauraine DelGiudice		
Street Address: 7 Price Lane			Street Address: 7 Price Lane		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

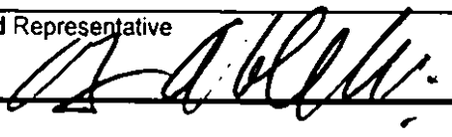
9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	Common	No Par Value

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	Date
Anthony DelGiudice, President	1/14/21

Signature of Authorized Representative



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