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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 04 2021
BY

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			
000505757	FDM Consulting Group, Inc.			
3. Principal Office Address		City	State	Zip
211 Constitution Court, Unit 201		Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541611	Human Service, Construction Management, Fundraising - Profit and Nonprofit			
5. State of Incorporation				
Rhode Island				

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

President Name	Vice-President Name
Frank N. DiMaio	Michelle A. DiMaio
Street Address: 211 Constitution Court, Unit 201	Street Address: 211 Constitution Court, Unit 201
City: Johnston State: RI Zip: 02919	City: Johnston State: RI Zip: 02919
Secretary Name	**Treasurer Name**
Michelle A. DiMaio	Frank N. DiMaio
Street Address: 211 Constitution Court, Unit 201	Street Address: 211 Constitution Court, Unit 201
City: Johnston State: RI Zip: 02919	City: Johnston State: RI Zip: 02919

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

Director Name	Director Name
Frank N. DiMaio	Michelle A. DiMaio
Street Address: 211 Constitution Court, Unit 201	Street Address: 211 Constitution Court, Unit 201
City: Johnston State: RI Zip: 02919	City: Johnston State: RI Zip: 02919
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.	500	Common	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	Date
Frank N. DiMaio	2/1/2021

Signature of Authorized Representative: Frank N. DiMaio

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

FORM 630 - Revised: 08/2020