RI SOS Filing Number: 202195215120 Date: 3/31/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR 31 P 3:59

1. Entity ID Number	2. Exact name of the Corporation			
113693	TCA Consulting Group Inc			
3. Principal Office Address		**City**	**State**	**Zip**
3011 Main Street		Glastonbury	Ct	06033
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**			
541611	IT Consulting/temp labor			
5. State of Incorporation				
Delaware				

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

President Name	Vice-President Name
Dorothy Cassandra	Gayle Adam
Street Address: 47 Lexington Road	Street Address: 42 Cooper Drive
City: East Hartford; State: Ct; Zip: 06118	City: Glastonbury; State: Ct; Zip: 06033
Secretary Name	**Treasurer Name**
	John Cassandra Sr
Street Address	Street Address: 47 Lexington Road
City; State; Zip	City: East Hartford; State: Ct; Zip: 06118

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

Director Name	Director Name
John Cassandra Sr.	
Street Address: 609 Oak St	Street Address
City: E. Hartford; State: Ct; Zip: 06118	City; State; Zip
Director Name	**Director Name**
Street Address	Street Address
City; State; Zip	City; State; Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50,000 Common	0.01	

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: [signature] — Date: 2/1/21

Signature of Authorized Representative: [signature]

FILED
MAR 3 1 2021

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

KL 267348 93085
3:59

FORM S30 - Revised: 10/2017