



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.

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BUS SVCS DIV

2021 MAR 31 P 3:59

1. Entity ID Number <u>113693</u>		2. Exact name of the Corporation <u>TCA Consulting Group Inc</u>	
3. Principal Office Address <u>3011 Main Street</u>		City <u>Glastonbury</u>	State <u>CT</u>
		Zip <u>06033</u>	
4. NAICS Code <u>541611</u>	5. Brief description of the character of business conducted in Rhode Island <u>IT Consulting/ temp labor</u>		
5. State of Incorporation <u>Delaware</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Dorothy Cassandra</u>		Vice-President Name <u>Gayle Adam</u>	
Street Address <u>47 Lexington Road</u>		Street Address <u>42 Cooper Drive</u>	
City <u>East Hartford</u>	State <u>CT</u>	City <u>Glastonbury</u>	State <u>CT</u>
Zip <u>06112</u>		Zip <u>06033</u>	
Secretary Name <u>John Cassandra Sr</u>		Treasurer Name <u>John Cassandra Sr</u>	
Street Address <u>47 Lexington Road</u>		Street Address <u>47 Lexington Road</u>	
City <u>East Hartford</u>	State <u>CT</u>	City <u>East Hartford</u>	State <u>CT</u>
Zip <u>06112</u>		Zip <u>06112</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>John Cassandra Sr</u>		Director Name	
Street Address <u>609 Oak St</u>		Street Address	
City <u>E. Hartford</u>	State <u>CT</u>	City	State
Zip <u>06112</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>50,000 Common</u>	
		<u>001</u>	
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. <u>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.</u>			
Name of Authorized Representative <u>[Signature]</u>		Date <u>2/1/21</u>	
Signature of Authorized Representative <u>[Signature]</u>			

FILED

MAR 31 2021

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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