



State of Rhode Island
 Department of State - Business Services Division

FILED

JUL 31 2023

BY *30875*

Annual Report for the year: 2023
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 574042		2. Exact name of the Corporation T.D.I., INC.			
3. Principal Office Address 221 Broadway			City Providence	State RI	Zip 02903
4. NAICS Code 487110		6. Brief description of the character of business conducted in Rhode Island Tour operator.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Italo Giuseppe Tarzia			Vice-President Name Lorenzo Tarzia		
Street Address c/o Ralph Palumbo, CPA, 221 Broadway			Street Address c/o Ralph Palumbo, CPA, 221 Broadway		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Lorenzo Tarzia			Treasurer Name Italo Giuseppe Tarzia		
Street Address c/o Ralph Palumbo, CPA, 221 Broadway			Street Address c/o Ralph Palumbo, CPA, 221 Broadway		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Italo Giuseppe Tarzia			Director Name Lorenzo Tarzia		
Street Address c/o Ralph Palumbo, CPA, 221 Broadway			Street Address c/o Ralph Palumbo, CPA, 221 Broadway		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		common	
				PAR VALUE	
				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. <i>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.</i>					
Name of Authorized Representative Italo Giuseppe Tarzia				Date 07/01/2023	
Signature of Authorized Representative <i>Italo Giuseppe Tarzia</i>					

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