



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>37225</b>		2. Name of Corporation <b>B.L.H., Inc.</b>			
3. Street Address Principal Business Office <b>60 WOONSCKET HILL ROAD</b>		City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	
4. Business Phone No. <b>401-769-7890</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>BUILDING/REMODELING</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>ROGER LAMBERT</b>		Vice President Name <b>ROGER LAMBERT</b>			
Street Address <b>60 WOONSCKET HILL ROAD</b>		Street Address <b>60 WOONSCKET HILL ROAD</b>			
City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>
Secretary Name <b>ROGER LAMBERT</b>		Treasurer Name <b>EMILIA LAMBERT</b>			
Street Address <b>60 WOONSCKET HILL ROAD</b>		Street Address <b>60 WOONSCKET HILL ROAD</b>			
City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>NO. SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>2,000 COMM NO PAR VALUE</b>			<b>600</b>	<b>Common</b>	<b>WITHOUT PAR VALUE</b>

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.



<b>FILED</b>		<b>*37225</b>
File Date	<b>SEP 18 2007</b>	
Check No.	<b>By 5330</b>	
By:	<b>FOR SECRETARY OF STATE USE ONLY</b>	

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.

**Emilia Lambert** **9-11-07**  
Signature Date  
**EMILIA LAMBERT**  
Print or Type Name  
**TREASURER**  
Title