



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-261  
401.222.304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

**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. 72398		2. Name of Corporation BDT HOLDINGS, INC.	
3. Street Address Principal Business Office 450 VETERANS MEMORIAL PARKWAY		City EAST PROVIDENCE	State RI
		Zip 02914	
4. Business Phone No. 401-431-9883		5. State of Incorporation Rhode Island	

5. Brief Description of the Character of Business Conducted in Rhode Island  
Holding Company

**7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name David Thomas			Vice President Name David Thomas		
Street Address 450 Veterans Memorial Parkway			Street Address 450 Veterans Memorial Parkway		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name David Thomas			Treasurer Name David Thomas		
Street Address 450 Veterans Memorial Parkway			Street Address 450 Veterans Memorial Parkway		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914

**3. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name David Thomas			Director Name		
Street Address 450 Veterans Memorial Parkway			Street Address		
City East Providence	State RI	Zip 02914	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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES --- THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	common	no par value

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.

**FILED**

File Date **FEB 03 2009**

Check No. \_\_\_\_\_

By: 209165

FOR SECRETARY OF STATE USE ONLY

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.

Signature [Signature] Date 1/29/09

David Thomas

Print or Type Name

President

Title