

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

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(e&rd)) is

subject to a penalty fee of \$25.00.		uing or rejusing to jite its anni	iai report within thirty (30) aays after t	ne time prescribea by taw (K.I.	.u.l. /-1.2-1301((@a)) is	
1. Corporate ID No. 110138	2. Name of Corporation R & D Technologies, Inc.					
3. Street Address Principal Business Office 5600 Post Road, #114-384		City East Greenwich	State Rhode Island	^{Ζιμ} 02818		
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Character of Sales of engineering softwar		bode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Andrew O. Coutu			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name None			
Street Address 150 River Farm Drive			Street Address			
City East Greenwich	State RI	^{Zip} 02818	City	State	Zip	
Secretary Name None			Treasurer Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name Andrew O. Coutu			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address 150 River Farm Drive			Street Address			
city East Greenwich	Siaie RI	<i>Zip</i> 02818	Clty	State	Zíp	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			1000	CNP	\$0.00	
		N-Hware				
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
File Date 2-23-09	contained herein are true and correct. 2/19/09
Check No	Signature Date Andrew O. Coutu
By:	Print or Type Name President/Sole Director
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08