

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

Form 630 Rev. 12/06

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 benaity fee of \$25.00.

law (R.I.G.L. 7-1.2-1501(c&d					
1. Corporate ID No. 36648	2. Name of Corporation BARDON INDUSTRIES, INC.				
3. Street Address Principal Business Office 3399 South County Trail			City East Greenwich	State RI	7ip 02818
4. Business Phone No. 5. State of Incorporation 401.884-1814 RHODE ISLAND			-		
6. Brief Description of the Charac BUYING, SELLING, TR	-		HEMICALS		
7. NAMES AND ADDRESS	SES OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) [FILL IN SPA	ACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Thomas Lydon			Eileen A. Barry		
3399 South County Trail			Street Address 3399 South County Trail		
City East Greenwich	State RI	^{Ζφ} 02818	city East Greenwich	State R1	^{Ζίρ} 02818
Secretary Name Thomas Lydon			Treasurer Name Eileen A. Barry		
Street Address 3399 South County Trail			Street Address 3399 South County Trail		
City East Greenwich	State .	Zip 02818	City East Greenwich	State RI	<i>Ζ</i> φ 02818
8. NAMES AND ADDRESS	SES OF THE DIRECTOR	S: ("X" BOX FOR ATT	A <i>CHMENT)</i>	PACES BEFORE USING	G 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) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares Class/Series Pur Value			Number of Shares	Class/Series	Par Value
This information is currently of record in the Office of the Secreta			4,000	Common	no par value
State. Changes require additional filing. See Section 9.					
This report must be executhis report must be execut			d representative. If the cor	poration is in the hands	s of a receiver or trustee,
mis report must be execut	tou on behalf of the corp	oration by the receiver of	ภ เกษรเธธ.		
				,	<i>l</i> ;
			Under penalty of per	ium, I declare and affirm	that I have examined this report
		-	including any accom	panying schedules and sta	tements, and that all statement
			contained herein are	Grueforfit etoplecji. [[1/1/1/1//
File Date FILED			////	//////////////////////////////////////	[[] [] []
Check No. FEB 2 6 2009			Signature		Date
1100:			Thomas Lydor	1 / /	r V
By: By 18992			Print or Type Name		
FOR SECRETARY OF STATE USE ONLY			President		_
. OR DECKE MART OF	OOD OIGH	1	Title		