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2009

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 02904-2615
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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
37225	B. L. H., INC.

3. Street Address Principal Business Office	City	State	Zip
60 WOONSOCKET HILL ROAD	NO. SMITHFIELD	RI	02896

4. Business Phone No.	5. State of Incorporation
401-765-2334	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
REMODELING

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

President Name	Vice President Name
ROGER LAMBERT	ROGER LAMBERT
Street Address: 60 WOONSOCKET HILL ROAD	Street Address: 60 WOONSOCKET HILL ROAD
City: NO. SMITHFIELD State: RI Zip: 02896	City: NO. SMITHFIELD State: RI Zip: 02896
Secretary Name	**Treasurer Name**
ROGER LAMBERT	EMILIA LAMBERT
Street Address: 60 WOONSOCKET HILL ROAD	Street Address: 60 WOONSOCKET HILL ROAD
City: NO. SMITHFIELD State: RI Zip: 02896	City: NO. SMITHFIELD State: RI Zip: 02896

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

Director Name	Director Name
Street Address	Street Address
City State NONE Zip	City NONE State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED
2000 COMM NO PAR VALUE

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
600	COMMON	WITHOUT 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.

[redacted]

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 3-30-09
Signature *Date*

EMILIA LAMBERT
Print or Type Name

[redacted] TREASURER
Title

File Date FILED
Check No. MAR 31 2009
By: By 5363
FOR SECRETARY OF STATE USE ONLY
32106-11-359242

Form 630 Rev. 08/08