

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1 ID No.	Fo. r	and the desired						
90583	2. Exact name of the limited liability company BD&G Associates, LLC							
3. State of Formation RI	4. Brief descript ACQUIRE,	ion of the character of the but OWN, OPERATE, I	siness which is actually conducted in R MAINTAIN, MANAGE, LEA	ss which is actually conducted in Rhode Island INTAIN, MANAGE, LEASE, DEVELOP AND SELL PROPERTY				
5. Principal office address 18 Industrial Drive			City Smithfield	State RI	^{Zip} 02917			
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTAC	CT PERSON:				
Richard W. Goyette, Jr.			Operating Manage	Operating Manager				
Street Address 18 Industrial Drive			^{City} Smithfield	State RI	^{Zip} 02917			
7. NAME AND ADDE Manager Name Richard W. Goyett	FILL IN		D LIABILITY COMPANY, IF AI NG ATTACHMENTS ("X" BOX Manager Name					
Street Address 18 Industrial Drive			Street Address	Struct Address				
City	State	Zip	City	State	Zip			
Smithfield	RI	02917	•					
Manager Name			Manager Name	Manager Name				
Street Address			Struct Address	Street Address				
City	State	Zip	City	State	Zφ			
A	T IN RHODE ISLAND rrently of record in the	the state of the s	f State. Changes require filing o		 			

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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File Date	. 6. 201	20	<u>. 11 - 11 1</u>	٠,
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By	///			; ·
FOR SECR	ETARY OF	STATE US	SE 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 of Authorized Person

Richard W. Goyette, Jr.

Print or Type Name of Authorized Person

Form 632 Rev. 08/08