

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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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(c) each corporation failing as refusing to file in support of the Control of 401.222.3040

1. Corporate II) No. 110138	R & D Te	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	<i>Ζψ</i> 02818
4. Business Phone No. 5. State of Incorporation Rhode Island				02018	
6. Brief Description of the Che Sales of engineering:	tracter of Business Condi Software services.	ucted in Rhode Island			
		ICERS: ("X" BOX FOR ATT	vice i resident Name	PACES BEFORE USING	ATTACHMENTS
Street Address 150 River Farm Driv	'e		None Street Address		
്രം East Greenwich	State RI	<sup>Zip</sup> 02818	City	State	Zip
ecretary Name None			Treasurer Name None		
reet Address			Street Address		
Ti) <sup>,</sup>	State	Zip	City	State	Zip
Andrew O. Coutu		ECTORS: ("X" BOX FOR AT	ACHMENT)   FILL IN S Director Name  Street Address	SPACES BEFORE USING	ATTACHMENTS
50 River Farm Drive	State	Zip			
ast Greenwich	RI	02818	City	State	Zip
irector Name			Director Name		
irea Address			Street Address		
	State	Zip	City	State	Zip
ty.					ľ
SHARES AUTHORIZE			10. SHARES ISSUED (	 "X" BOX FOR ATTACHA ON MUST BE COMPLETED	MENT)
SHARES AUTHORIZE	ently of record in the	e Office of the Secretary of	10. SHARES ISSUED ( ISSUED SHARES — THIS SECTI Number of Shares	"X" BOX FOR ATTACHA ON MUST BE COMPLETED  Class/Series	MENT)    Par Value
SHARES AUTHORIZE	ently of record in the	e Office of the Secretary of See Section 9 of	ISSUED SHARES — THIS SECTI	ON MUST BE COMPLETED	
his information is current tate. Changes require a struction sheet.	ently of record in the	c Office of the Secretary of See Section 9 of	ISSUED SHARES — THIS SECTI Number of Shares 1000	ON MUST BE COMPLETED  Class/Series  CNP	Far value \$0.00

FILED File DateFER O.4.5000	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.
Check No By	Signature Date  Andrew O. Coutu
FOR SECRETARY OF STATE USE ONLY	Print or Type Name President/Sole Director
ON SECRETARY OF STATE USE ONLY	Title