



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 02904-2627
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 37225		2. Name of Corporation B.L.H. INC.	
3. Street Address Principal Business Office 60 WOONSOCKET HILL ROAD		City NO. SMITHFIELD	State RI
4. Business Phone No. 401-765-2334		5. State of Incorporation 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ROGER LAMBERT		Vice President Name ROGER LAMBERT	
Street Address 60 WOONSOCKET HILL ROAD		Street Address 60 WOONSOCKET HILL ROAD	
City NO. SMITHFIELD	State RI	City NO. SMITHFIELD	State RI
Zip 02896	Zip 02896	Zip 02896	Zip 02896
Secretary Name ROGER LAMBERT		Treasurer Name EMILIA LAMBERT	
Street Address 60 WOONSOCKET HILL ROAD		Street Address 60 WOONSOCKET HILL ROAD	
City NO. SMITHFIELD	State RI	City NO. SMITHFIELD	State RI
Zip 02896	Zip 02896	Zip 02896	Zip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	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) <input type="checkbox"/>			
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.

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: Emilia Lambert
Date: 7-2-10
Print or Type Name: EMILIA LAMBERT
Title: TREASURER

File Date: FILED
Check No.: JUL 08 2010
By: 2960
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