



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 2011

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. 142650		2. Name of Corporation BWD, INC.	
3. Street Address Principal Business Office 745 HARTFORD PIKE		City NORTH SCITUATE	State RI
		Zip 02857	
4. Business Phone No. 401-524-7785		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE EXCAVATING SERVICES			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DAVID RAMSAY		Vice President Name DAVID RAMSAY	
Street Address 745 HARTFORD PIKE		Street Address 745 HARTFORD PIKE	
City NORTH SCITUATE	State RI	City NORTH SCITUATE	State RI
		Zip 02857	
Secretary Name DAVID RAMSAY		Treasurer Name DAVID RAMSAY	
Street Address 745 HARTFORD PIKE		Street Address 745 HARTFORD PIKE	
City NORTH SCITUATE	State RI	City NORTH SCITUATE	State RI
		Zip 02857	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name DAVID RAMSAY		Director Name	
Street Address 745 HARTFORD PIKE		Street Address	
City NORTH SCITUATE	State RI	City	State
		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares 250		Class/Series COMMON	Par Value NO PAR

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.

FILED

File Date _____
Check No. MAR 02 2011
By: BY 1216
FOR SECRETARY OF STATE USE 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.

David Ramsay 2/28/11
Signature Date
DAVID RAMSAY
Print or Type Name
PRESIDENT
Title