

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 2011

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

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 negative fee of \$75.00

(A.1, O.L. 7-10-00 (D&C))	· ·			<u>.</u>				
1. ID No. 153614	i	name of the limited liability company						
	BD &	B, LLC						
3. State of Formation		4. Brief description of the	e character of the business wh	ich is actually conducted in Rhode Isla	ıd			
Rhode Island		Real Estate						
5. Principal office address			City	State		Zip		
55 ELECTRONIC DRIVE				WARWICK	RI		02888	
	SS OF L	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PER	SON:		•	
Contact Name				Contact Title				
				Manager				
Street Address				City	State		Zip	
55 Electronic Drive				Warwick	RI		02888	
7. NAME AND ADDI	RESS OF	EACH MANAGER	OF THE LIMITED LIAB	ILITY COMPANY, IF APPLICA	BLE - DO N	OT LIST	MEMBERS	
				ACHMENTS ("X" BOX FOR AT				
Manager Name				Manager Name				
William Tordoff, Jr.								
Street Address				Street Address				
55 Electronic Drive	•							
City		State RI	^{Zip} 02888	City	State		Zip	
Warwick		IKI	02888					
Manager Name				Manager Name				
Street Address				Street Address				
City		State	Zip	City	State		Zip	
				!			1	
	r in Rh	ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642	R.I.G.L. 7-1	6-11		
Agent Name				Address				
John S. DiBona, Esq.				145 PHENIX AVENUE				
Address				City	Zip			
				CRANSTON	02920			

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

	FILED
	TILLU
File Date	000 00 0044
Check No.	SEP 29 2011
By: QV	1063
	CRETARY OF STATE USE ONLY

153614

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 Persoll

9/*|9*/2011

William Tordoff, Jr., Manager

Print or Type Name of Authorized Person