



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000083213		2. Exact name of the Corporation SD CONCEPT ENGINEERING, INC			
3. Principal office address 4 DAISYST		City WEST WARWICK	State RI	Zip 02893	
4. Business Phone No. 401.826.4400		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island DESIGNING AND MANUFACTURING OF METAL, STEEL AND FIBERGLASS PRODUCTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name WENDY FIELD			Vice-President Name SCOTT DICKINSON		
Street Address 92 WILBUR RD			Street Address 92 WILBUR RD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name WENDY FIELD			Treasurer Name SCOTT DICKINSON		
Street Address 92 WILBUR RD			Street Address 92 WILBUR RD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name WENDY FIELD			Director Name SCOTT DICKINSON		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name —			Director Name —		
Street Address			Street Address		
City	State	Zip	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			NONE ISSUED		

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 CORPORATIONS DIV.  
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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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED** 235  
 FEB 24 2012

*Wendy Field*  
 Signature of Authorized Representative  
 Date 2-21-12

FOR SECRETARY OF STATE USE ONLY BY RL 16443  
 WENDY FIELD  
 Print or Type Name of Authorized Representative