

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 153614		2. Exact name of the limited liability company B D & B, LLC						
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Real Estate						
5. Principal office address 55 Electronic Drive			City Warwick	State RI	Zip 02888			
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		脲		
Contact Name William Tordoff, Jr.			Contact Title Manager					
Street Address 55 Electronic Drive			City Warwick	State RI	Zip 02888			
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS			
Manager Name William Tordoff, Jr.			Manager Name	Manager Name				
Street Address 55 Electronic Drive			Street Address	Street Address				
City Warwick	State RI	Zip 02888	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN R	in the same and a same a s				440			
This information is curren	tly of record in th	e Office of the Secret	ary of State. Changes require	filing Form 642.				

File Date	FILED	Under penalty of perjury, I declare and affli this report, including any accompanying s	chedules and statements,
Check No.	SEP 3 0 2013	and that all statements coptained herein a	$\frac{9}{20}/2013$
By: A	1/2/	Signature of Authorized Forson	Date
FOR SECRETARY OF STATE USE ONLY	///	William Tordoff, Jr., Manager	
FUR SEGNETARY OF STATE USE UNLY		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012