



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 2015

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. 72398		2. Exact name of the Corporation BDT Holdings, Inc.			
3. Principal office address 450 Veterans Memorial Parkway		City East Providence	State RI	Zip 02914	
4. Business Phone No. 431-9883		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Holding company.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name David Thomas		Vice-President Name David Thomas			
Street Address 450 Veterans Memorial Parkway		Street Address 450 Veterans Memorial Parkway			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name David Thomas		Treasurer Name David Thomas			
Street Address 450 Veterans Memorial Parkway		Street Address 450 Veterans Memorial Parkway			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name David Thomas		Director Name			
Street Address 450 Veterans Memorial Parkway		Street Address			
City East Providence	State RI	Zip 02914	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) ☐			
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	
		100	Common	No par	

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SECRETARY OF STATE
CORPORATIONS DIV

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 23 2015

By 242790
A.A.

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 Representative

Date

David Thomas

Print or Type Name of Authorized Representative