



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. 75695		2. Exact name of the Corporation BDT Underwriting Facilities, Inc.				
3. Principal office address 450 Veterans Memorial Parkway			City East Providence	State RI	Zip 02914	
4. Business Phone No. 431-9889		5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island To engage in the operation of and insurance writing business.						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
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) <input type="checkbox"/>						
Director Name N/A			Director Name			
Street Address			Street Address			
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
				100	Common	No par

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 SECRETARY OF STATE
 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.

File Date _____

Check No _____

By: _____

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.

FILED

FEB 23 2015

Signature of Authorized Representative

Date

David Thomas

Print or Type Name of Authorized Representative

By: 242790

A.A.

2/13/2015