Fee: \$50.00



State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

| LOGOUT |

Business Corporation Annual Report

Filing Period: January 1 - March 1

? Help with this form

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its

| annual report within thirty (30) da 7-1.2-1501(c&d)) is subject to a p | | law (R.I.G.L. | | | |
|---|--|---|--|--|--|
| ANNUAL REPORT YEAR: 201 | 15 | | | | |
| 1. Corporate ID No. 00012 | 6045 | | | | |
| 2. Name of Corporation BDM | 1 Group, Inc. | | | | |
| 3. Street Address Principal Bu | usiness Office: | | | | |
| No. and Street: 69 SECOND S | STREET | | | | |
| City or Town: NEWPORT | State: | RI Zip: 02840 Country: USA | | | |
| 4. Business Phone No. | | | | | |
| 401-619-0204 | | | | | |
| 5. State of Incorporation | | | | | |
| State: <u>RI</u> | | | | | |
| 6. Brief Description of the Cha | aracter of Business Conduct | ed in Rhode Island | | | |
| PROVISION OF MARKETING | G AND ADVERTICING SERV | CES | | | |
| MAR 0 5 2015 | | | | | |
| BY 1265 | | | | | |
| 7. Names and Addresses of the Officers and Directors: | | | | | |
| All officers and directors must be listed. If officers and/or directors have been elected, the title incorporator is no longer applicable; please delete. | | | | | |
| Title Delete | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country | | | |

| DENT ANDREW C KI | RISTIANSSON | | | | |
|---|--|--|--|--|--|
| Middle Name: City: | Last Na | Zip: C | ountry: Add | | |
| d and Issued | | | | | |
| Series of Stock | Par Value Per Sh | are Total Authorized Shares Number of Shares | Total Issued and Outstanding Num of Shares | | |
| | \$0.0100 | 8,000.00 | 8,000.00 | | |
| 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. | | | | | |
| mation e, mailing address and ender rew Kristiansson M Group, Inc. SECOND STREET | | Dffice ✓ | | | |
| City or Town: NEWPORT State: RI Zip: 02840 Country: USA Contact Phone: 401-619-0204 ext: Contact Email: sandykrist@cox.net | | | | | |
| Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail. | | | | | |
| Signed this 2 Day of March, 2015 at 12:00:47 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2. By Signature of Authorized Representative of the Corporation | | | | | |
| This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7. | | | | | |
| MAR 0 5 ZS15 | | | | | |
| | Middle Name: City: d and Issued Series of Stock Series of Stock De executed on behalf of the hands of a receiver of trustee. mation a, mailing address and entered Kristiansson M Group, Inc. BECOND STREET WPORT 619-0204 ext: dykrist@cox.net ail address to receive and dress is provided, we will address is provided, we will address of perjury, that the compliance with R.I. Get the com | Middle Name: Last Na State: d and Issued Series of Stock Par Value Per Sh \$0.0100 De executed on behalf of the corporation to the hands of a receiver or trustee, this reperence or trustee. mation and in address and email.) The Wrong Inc. SECOND STREET Principal Control of the corporation of | Title: Middle Name: Last Name: Zip: City: State: Zip: City: State: Zip: City: City: State: Zip: City: City: State: Zip: City: City: State: Zip: City: City: City: State: Zip: City: C | | |