



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

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- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 89831		2. Exact name of the Corporation B & D LASER SERVICES CORPORATION			
3. Principal Office Address 1 TWIN OAK DRIVE			City WARWICK	State RI	Zip 02889
4. NAICS Code 425120		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN GENERAL SALES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PATRICK A. DORAN			Vice-President Name		
Street Address 1 TWIN OAK DRIVE			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
Secretary Name PATRICK A. DORAN			Treasurer Name PATRICK A. DORAN		
Street Address 1 TWIN OAK DRIVE			Street Address 1 TWIN OAK DRIVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PATRICK A. DORAN			Director Name		
Street Address 1 TWIN OAK DRIVE			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	COMMON	NO PAR
11. 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.					
Name of Authorized Representative PATRICK A. DORAN					Date June 13, 2019
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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By Patrick A. Doran