| State of Rhode Island Fee: \$50.0 | .00 |
|---|-----|
| Office of the Secretary of State | |
| Division Of Business Services 148 W. River Street | |
| Providence RI 02904-2615 | |
| 1636 (401) 222-3040 | |
| Foreign Business Corporation | |
| Annual Report Filing Period: February 1 - May 1 | |
| 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) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. | |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 | |
| 1. Corporate ID No. 001698763 | |
| 2. Name of Corporation <u>BDI Services, Inc.</u> | |
| 3. Street Address Principal Business Office: | |
| No. and Street: <u>22 WEST 21ST STREET</u> | |
| <u>7TH FLOOR</u> City or Town: <u>NEW YORK</u> State: <u>NY</u> Zip: <u>10010</u> Country: <u>USA</u> | |
| | |
| 4. Business Phone No. | |
| <u>6468443964</u> | |
| 5. State of Incorporation | |
| State: <u>DE</u> | |
| NAICS CODE | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | |
| <u>524298</u> | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | |
| WARRANTY PROVIDER OF VARIOUS PRODUCTS AND SERVICE CONTRACTS | |
| 7. Names and Addresses of the Officers and Directors: | |
| All officers and directors must be listed. | |
| | |

| | Individual Name First, Middle, Last, Suffix | | Address Address, City or Town, State, Zip Code, Country | | |
|--|--|----------|--|--|--|
| PRESIDENT | ALEX MAFFEC | 22 | 22 WEST 21ST STREET, 7TH FLOOR NEW YORK, NY 10010 USA | | |
| . Shares Authorized and | Issued | | | | |
| Class of Stock | | | alue Per are | Total Authorized Shares Number of Shares | Total Issued and Outstanding <i>Num of</i> <i>Shares</i> |
| CWP | | \$0.0001 | | 1,000.00 | 0 |
| iling, in compliance with I | R.I. Gen. Laws § 7-1.2 |) | | | |
| By <u>ALEX MAFFEO</u> Signature of Authorize | ed Representative of the | he Corpo | ration | | |
| Signature of Authorize | ed Representative of the | he Corpo | ration | | |
| Signature of Authorize Form No. 630 Revised 09/07 © 2007 - 2024 State of Rhode Island | ed Representative of t | he Corpo | ration | | |
| Signature of Authorize Form No. 630 Revised 09/07 © 2007 - 2024 State of Rhode Island | ed Representative of t | he Corpo | ration | | |
| By <u>ALEX MAFFEO</u> Signature of Authorize | ed Representative of t | he Corpo | ration | | |