



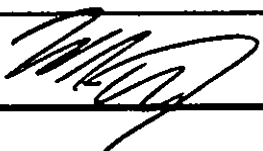
**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:** 2025  
**Limited Liability Company**

- Filing period: February 1 - May 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.


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|   |  |   |                          |
|---|--|---|--------------------------|
| 1. Entity ID Number<br><b>000831621</b>   |  | 2. Exact name of the Limited Liability Company<br><b>BDTHREE LLC</b>  |                          |
| 3. NAICS Code<br><b>525990</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br>The LLC serves as a self-directed investment vehicle for a retirement account, primarily engaged in originating and managing real estate-secured loans, acquiring promissory notes, and holding other financial investments<br><i>for long term growth</i> |                          |
| 5. State of Formation<br><b>Rhode Island</b>  |  |   |                          |
| 6. Principal Office Address<br><b>16 Stafford Court</b>   |  | City<br><b>Cranston</b>   | State<br><b>RI</b>       |
| Zip<br><b>02920</b>   |  |   |                          |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                          |
| Contact Name<br><b>William D'Amico III</b>  |  | Contact Title<br><b>Manager</b>   |                          |
| Street Address<br><b>16 Stafford Court</b>  |  | City<br><b>Cranston</b>   | State<br><b>RI</b>       |
| Zip<br><b>02920</b>   |  |   |                          |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |   |                          |
| 9. 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 Person<br><b>William D'Amico III</b>   |  |   | Date<br><b>7/21/2025</b> |
| Signature of Authorized Person<br>   |  |   |                          |

**FILED**

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**MAIL TO:**

**Division of Business Services**  
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