



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

|                                                                                                                                    |                    |                                                  |                                                                     |                     |           |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------|---------------------------------------------------------------------|---------------------|-----------|
| 1. Corporate ID No.<br><b>119378</b>                                                                                               |                    | 2. Name of Corporation<br><b>BILCAR Inc.</b>     |                                                                     |                     |           |
| 3. Street Address Principal Business Office<br><b>3 LINCOLN DR</b>                                                                 |                    | City<br><b>JOHNSTON</b>                          | State<br><b>RI</b>                                                  | Zip<br><b>02919</b> |           |
| 4. Business Phone No.<br><b>861-9030</b>                                                                                           |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b> |                                                                     |                     |           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>BAR/LOUNGE</b>                                   |                    |                                                  |                                                                     |                     |           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |                                                  |                                                                     |                     |           |
| President Name<br><b>WILLIAM SHANLEY</b>                                                                                           |                    |                                                  | Vice President Name<br><b>CAROL HARTNETT</b>                        |                     |           |
| Street Address<br><b>3 LINCOLN DR.</b>                                                                                             |                    |                                                  | Street Address<br><b>SAME</b>                                       |                     |           |
| City<br><b>JOHNSTON</b>                                                                                                            | State<br><b>RI</b> | Zip<br><b>02919</b>                              | City                                                                | State               | Zip       |
| Secretary Name                                                                                                                     |                    |                                                  | Treasurer Name<br><b>WILLIAM SHANLEY</b>                            |                     |           |
| Street Address                                                                                                                     |                    |                                                  | Street Address<br><b>SAME</b>                                       |                     |           |
| City                                                                                                                               | State              | Zip                                              | City                                                                | State               | Zip       |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |                                                  |                                                                     |                     |           |
| Director Name                                                                                                                      |                    |                                                  | 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                             |                    |                                                  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                     |           |
| AUTHORIZED SHARES                                                                                                                  |                    |                                                  | ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED               |                     |           |
| Number of Shares                                                                                                                   | Class/Series       | Par Value                                        | Number of Shares                                                    | Class/Series        | Par Value |
| <b>1,000 NO PAR VALUE</b>                                                                                                          | <b>COMMON</b>      | <b>0</b>                                         | <b>NONE</b>                                                         |                     | <b>0</b>  |

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.



**FILED**

\*119378\*

File Date  
**OCT 11 2007**

Check No.  
**By 3279**

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.

Signature  
**WILLIAM SHANLEY**

Print or Type Name  
**MANAGER**

Title

**10-1-07**  
Date