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

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.	2. Name of Corporation			
80714	B.S.I., Inc.			
3. Street Address Principal Business Office		City	State	Zip
45 Bay Street		Westerly	RI	02891
4. Business Phone No.	5. State of Incorporation			
401-348-8912	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
generally engage in the business of operating and owning condominium units

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Peter J. Catalano			Mark A. Szaro		
Street Address			Street Address		
South Pointe Drive			38 Bay Street		
City	State	Zip	City	State	Zip
Miami	FL	33139	Westerly	RI	02891
Secretary Name			Treasurer Name		
Dana V. Catalano			Dana V. Catalano		
Street Address			Street Address		
South Pointe Drive			South Pointe Drive		
City	State	Zip	City	State	Zip
Miami	FL	33139	Miami	FL	33139

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Peter J. Catalano			Mark A. Szaro		
Street Address			Street Address		
South Pointe Drive			38 Bay Street		
City	State	Zip	City	State	Zip
Miami	FL	33139	Westerly	RI	02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	comon	no par

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.

[redacted] [redacted]

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 — 1/13/09 *Date*

Mark A. Szaro
Print or Type Name

[redacted] Vice President
Title

File Date FILED

Check No. JAN 14 2009

By: By 1561

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