



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

Matthew A. Brown, 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

\* 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. 146759 2. Name of Corporation Bottom Line Internet Solutions, Inc.  
3. Street Address Principal Business Office 80 Chicory Lane City Cranston State RI Zip 02921  
4. Business Phone No. 401-437-6851 5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island  
**INTERNET CONSULTING AND RELATED BUSINESS SERVICES**

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

President Name <u>Robert P. McLellan</u>	Vice President Name <u>none</u>
Street Address <u>80 Chicory Lane</u>	Street Address <u>none</u>
City <u>Cranston</u> State <u>RI</u> Zip <u>02921</u>	City <u></u> State <u></u> Zip <u></u>
Secretary Name <u>none</u>	Treasurer Name <u>none</u>
Street Address <u>none</u>	Street Address <u>none</u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>

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

Director Name <u>none</u>	Director Name <u>none</u>
Street Address <u>none</u>	Street Address <u>none</u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>
Director Name <u>none</u>	Director Name <u>none</u>
Street Address <u>none</u>	Street Address <u>none</u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>

**9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
100 NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
none

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.



\*146759 DBC 10/10/06 10:32:25  
File Date FEB 27 2009  
Check No. 9:16 82/58  
By: AMF  
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.  
Robert P. McLellan 3/21/09  
Signature of Officer Date  
Robert P. McLellan  
Print or Type Name of Officer  
President  
Title of Officer