



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 2006
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 Robert P. McLellan Street Address 80 Chicory Lane City Cranston State RI Zip 02921	Vice President Name none Street Address City State Zip
Secretary Name none Street Address City State Zip	Treasurer Name none Street Address City State Zip

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

Director Name none Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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.



FILED
FEB 27 2009

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.

146759 DBC 10/12/06 10:55:31 AM
File Date
Check No. 91:6 NY
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Officer Robert P. McLellan 3/27/09
Print or Type Name of Officer Robert P. McLellan
Title of Officer President