

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.

\*\*Inventory with P.I.G.I. 7-1.2-1501(a) each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150). me prescribed by law (R.I.G.L. 7-1.2-1501(cord)) is

In accordance with R.I.G.L. 7 ubject to a penalty fee of \$25.00	-1.2-1501(e), each corporation ) ).	failing or refusing to file its annu	al report within thirty (50) days after	er the time prestriced by the t	R.I.G.E. 7-1.2 1301(to tay)
. Corporate ID No. 150262	2. Name of Corporation BIS	J RENTALS	Ivc		
	ness Office POINT P		city SKOKIE	State /L	24p 60077
Business Phone No.	3-4620	5. State of Incorporation  MASSACH	usetts	<del></del>	
Brief Description of the Chan	acter of Business Conducted in	Rhode Island			***
NAMES AND ADDRES	SSES OF THE OFFICERS	t ("X" BOX FOR ATTAC	CHMENT) [ FILL IN SPACE	CES BEFORE USING A	TTACHMENTS
Bonita Dannen			Street Address 7855 Cross Point Road  City Skeolie State 11 Zip 60076		
reet Address 7855 Ga	oss Point Re	ad # 616 24 60076	Street Address Gross	Point Roa	d
Skokie	State 1L	Zip 60076	CHY Skeokie	State 1L	1 60076
ecretary Name William Pry			Treasurer Name		
		Ron 1 #66	Street Address		
1855 Cuy Skokee	wass Point	Zip /2-71	City	State	Ζίρ
NAMES AND ADDRE	SSES OF THE DIRECTO	600 / 6 RS: ("X" BOX FOR ATT	: ACHMENT) ∏ FILL IN SI	l PACES BEFORE USING	ATTACHMENTS
William Prys			Director Name		
Street Address	oss Point	Road # 66	Street Address	-	
SKokie	State 1L	24p 60076	City	State	Zip
Director Name			Director Name		.,,
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZ	ED		10. SHARES ISSUED (*		MENT)
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.			Number of Shares	Class/Series	Par Value
			1000	CWP	101
			李明县区 海色等等	griges ( deske transfortation of the	
This report must be exe	ecuted on behalf of the co	orporation by an authorize	ed representative. If the cor	poration is in the hands	of a receiver or trustee
this report must be exe	cuted on behalf of the co	rporation by the receiver	or trustee.		
		<b>_</b>	including any accom	jury, I declare and affirm t panying schedules and sta	tements, and that all state
File Date	ENED		contained herein are	irue and correct.  Dannier	d .
File Date		**************************************	Signature Q - 1	10	Date
Check No.	MAY 01 200		Print or Type Name	Dannen  identi	
By:	OF STATE USE ONLY		Pres	rident -	
FOR SECRETAR		Vr.,441	Title		