



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

Corporations Division
148 W. River St
Providence, RI 02904-3615
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 falling 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. 63029	2. Name of Corporation ISGLIA INC.	City WARWICK	State RD	Zip 02888
3. Street Address Principal Business Office 1191 POST ROAD		4. State of Incorporation Rhode Island		
5. Business Phone No. 401 969-3171		6. Brief Description of the Character of Business Conducted in Rhode Island		

7. NAMES AND ADDRESSES OF THE OFFICERS OF THE CORPORATION (SEE INSTRUCTIONS FOR ATTACHMENTS)

President Name FRANK NERI	Vice President Name Joseph M NERI
Street Address 1006 POST ROAD	Street Address 1006 POST ROAD
City WARWICK	City WARWICK
State RD	State RD
Zip 02888	Zip 02888
Secretary Name Theresa Murphy	Treasurer Name FRANK M. NERI
Street Address 1006 POST ROAD	Street Address 1006 POST ROAD
City WARWICK	City WARWICK
State RD	State RD
Zip 02888	Zip 02888

Director Name FRANK NERI	Director Name ROBERT J. NERI
Street Address 1006 POST ROAD	Street Address 1006 POST ROAD
City WARWICK	City WARWICK
State RD	State RD
Zip 02888	Zip 02888

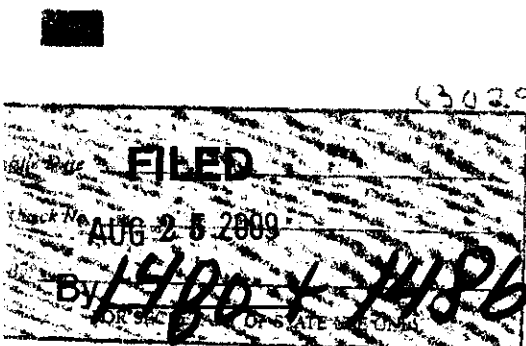
8. NAMES AND ADDRESSES OF THE DIRECTORS OF THE CORPORATION (SEE INSTRUCTIONS FOR ATTACHMENTS)

Director Name FRANK M. NERI	Director Name ONE
Street Address 1006 POST ROAD	Street Address ONE
City WARWICK	City WARWICK
State RD	State RD
Zip 02888	Zip 02888

9. SHARES AUTHORIZED BY THE CHARTER (SEE INSTRUCTIONS FOR ATTACHMENTS)

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 Comm No PAR Value			2000	Common	NO PAR VALUE

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.



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: FRANK NERI Date: 8-11-09
Print or Type Name: FRANK NERI
Title: PRESIDENT