



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 2010

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(c), 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. 23533		2. Name of Corporation LIZA, INC.			
3. Street Address Principal Business Office 133 Old Tower Hill Road, Ste. 1			City Wakefield	State RI	Zip 02879
4. Business Phone No. 789-0217		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Rental of cars, etc.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rita A. Draper			Vice President Name Steven J. Draper		
Street Address Spring Street, PO Box 1			Street Address Spring Street, PO Box 1		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Rita A. Draper			Treasurer Name Justin Abrams		
Street Address Spring Street, PO Box 1			Street Address Spring Street, PO Box 1		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Rita A. Draper			Director Name Steven J. Draper		
Street Address Spring Street, PO Box 1			Street Address Spring Street, PO Box 1		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name Justin Abrams			Director Name		
Street Address Spring Street, PO Box 1			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value 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.

File Date	1-15-2010
Check No.	12393
By:	MNC
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.

Signature: Rita A. Draper Date: 1/08/10
Print or Type Name: Rita A. Draper
Title: President