RI SOS Filing Number: 201860401640 Date: 3/16/2018 4:00:00 PM

	State Dep
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of Rhode Island and Providence Plantations

partment of State - Business Services Division

Annual Report for the year: 2018 Corporation

STAMP

\rightarrow	Filing period: January 1 - March 1
\rightarrow	Filing Fee: \$50.00
\rightarrow	Panalty: Additional \$25.00 fee if for

→ Penalty: Additional \$25.0	0 fee if form is n	ot filed by April 1.							
1. Entity ID Number 87623	2. Exact name of the Corporation BIL-CON RENTALS, INC.								
3. Principal Office Address			City		State	State Zip			
81 TWIN BIRCH DR			CRANSTON		RI	02921			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
531120	RENTAL REAL ESTATE								
State of Incorporation	7								
RHODE ISLAND									
7. List ALL officers (names and	addresses)			Check	the box to ir	ndicate an attachment 🔲			
President Name CONCETTA M PADULA			Vice-President Name WILLIAM L PADULA						
Street Address 81 TWIN BIRCH DR			Street Address	Street Address 81 TWIN BIRCH DR					
City CRANSTON	State RI	^{Zip} 02921	City CRANSTON		State RI	^{Zip} 02921			
Secretary Name CONCETTA M PADULA			Treasurer Name	Treasurer Name WILLIAM L PADULA					
Street Address 81 TWIN BIRCH DR			Street Address 81 TWIN BIRCH DR						
City CRANSTON	State RI	^{Z₁p} 02921	City CRANSTON		State RI	^{Zip} 02921			
8. List ALL directors (names and	d addresses)			Check	the box to ir	ndicate an attachment 🔲			
Director Name CONCETTA M PADULA			Director Name WILLIAM L PADULA						
Street Address 81 TWIN BIRCH DR			Street Address 81 TWIN BIRCH DR						
City CRANSTON	State RI	^{Zip} 02921	City CRANSTO	ON	State RI	^{Zip} 02921			
Director Name NONE			Director Name NONE						
Street Address			Street Address						
City	State	Zıp	City		State	Zip			
9. Shares Authorized		10. Shares iss	sued	Check 1	the box to in	ndicate an attachment 🔲			
This information is currently of re	cord in the		NUMBER OF SHARES)	PAR VALUE			
Department of State.		2,000				\$0.01			
Changes require an additional fili	ng.								
11. 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 exec	cuted on behalf of	f the corporation by	the receiver or trus	stee.					
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.									
Name of Authorized Representa		nerem are true ar	iu correct.		TDate				
CONCETTA M PADULA			3-9-18						
Signature of Authorized Represe	entative					. x			
Concetty M. Pal	<u> </u>	SF-N 00	CUMENTHEFT Fil	FD					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 6 2018

FORM 630 - Revised: 10/2017