



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 87623		2. Exact name of the Corporation BIL-CON RENTALS, INC.			
3. Principal Office Address 81 TWIN BIRCH DR		City CRANSTON		State RI	Zip 02921
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island RENTAL REAL ESTATE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name CONCETTA M PADULA			Vice-President Name WILLIAM L PADULA		
Street Address 81 TWIN BIRCH DR			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 WILLIAM L PADULA		
Street Address 81 TWIN BIRCH DR			Street Address 81 TWIN BIRCH DR		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate 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 CRANSTON	State RI	Zip 02921
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 2,000	CLASS/SERIES	PAR VALUE \$0.01	
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 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.					
Name of Authorized Representative CONCETTA M PADULA					Date 3-9-18
Signature of Authorized Representative <i>Concetta M. Padula</i>					FILED

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 16 2018

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FORM 630 - Revised: 10/2017