



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 76869		2. Name of Corporation Block Island Bike & Car Rental, Inc.			
3. Street Address Principal Business Office 99 HIGH STREET		City BLOCK ISLAND	State RI	Zip 02807	
4. Business Phone No 4014662297		5. State of Incorporation RHODE ISLAND			6. SIC Code 8813
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF RENTING AUTOMOBILES AND BICYCLES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth C. Lacoste			Vice President Name Marlee E. Lacoste		
Street Address 99 High Street			Street Address 99 High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Marlee E. Lacoste			Treasurer Name Kenneth C. Lacoste		
Street Address 99 High Street			Street Address 99 High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth C. Lacoste			Director Name Marlee E. Lacoste		
Street Address 99 High Street			Street Address 99 High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$0.01 PAR VALUE		100	Common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



7 6 8 6 9

\*76869 DBC 01/13/05 04:02:07 PM\*

File Date 2-16-05

Check No. 2194

By: ac

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.

Kenneth C. Lacoste 2/10/05  
Signature of Officer Date

Kenneth C. Lacoste

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 76869		2. Name of Corporation Block Island Bike & Car Rental, Inc.			
3. Street Address Principal Business Office 99 High Street			City Block Island	State RI	Zip 02807
4. Business Phone No. (401) 466-2297		5. State of Incorporation RHODE ISLAND			6. SIC Code 8813
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF RENTING AUTOMOBILES AND BICYCLES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth C. Lacoste			Vice President Name Marlee E. Lacoste		
Street Address 99 High Street			Street Address 99 High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Marlee E. Lacoste			Treasurer Name Kenneth C. Lacoste		
Street Address 99 High Street			Street Address 99 High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth C. Lacoste			Director Name Marlee E. Lacoste		
Street Address 99 High Street			Street Address 99 High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Block Island	RI	02807	Block Island	RI	02807
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Block Island	RI	02807	Block Island	RI	02807
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$0.01 PAR VALUE		100	common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 6 8 6 9 \*

File Date	2/20/04
Check No.	2046
By:	SE
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.

Kenneth C. Lacoste 2/18/04  
Signature of Officer Date  
Kenneth C. Lacoste  
Print or Type Name of Officer  
President  
Title of Officer



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *76869*		2. Name of Corporation Block Island Bike & Car Rental, Inc.			
3. Street Address Principal Business Office 99 HIGH STREET		City BLOCK ISLAND	State RI	Zip 02807	
4. Business Phone No. 4014662297		5. State of Incorporation RHODE ISLAND			6. SIC Code 8813
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF RENTING AUTOMOBILES AND BICYCLES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth C. Lacoste		Vice President Name Marlee E. Lacoste			
Street Address 99 High Street		Street Address 99 High Street			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Marlee E. Lacoste		Treasurer Name Kenneth C. Lacoste			
Street Address 99 High Street		Street Address 99 High Street			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth C. Lacoste		Director Name Marlee E. Lacoste			
Street Address 99 High Street		Street Address 99 High Street			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$0.01 PAR VALUE			100	common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*76869 DBC3/11/03  
FILED  
File Date: MAR 26 2003  
Check No.:  
By: SMA 1814  
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.

Kenneth C. Lacoste 3/15/03  
Signature of Officer Date  
Kenneth C. Lacoste  
Print or Type Name of Officer  
President  
Title of Officer



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 76869		2. Name of Corporation Block Island Bike & Car Rental, Inc.			
3. Street Address Principal Business Office 99 High Street		City Block Island	State RI	Zip 02807	
4. Business Phone No. 466-2297		5. State of Incorporation RHODE ISLAND		6. SIC Code 8813	
7. Brief Description of the Character of Business Conducted in Rhode Island renting automobiles and bicycles					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name KENNETH C. LACOSTE		Vice President Name MARLEE E. LACOSTE			
Street Address 99 HIGH STREET		Street Address 99 HIGH STREET			
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
Secretary Name MAPLEE E. LACOSTE		Treasurer Name KENNETH C. LACOSTE			
Street Address 99 HIGH STREET		Street Address 99 HIGH STREET			
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name KENNETH C. LACOSTE		Director Name MAPLEE E. LACOSTE			
Street Address 99 HIGH STREET		Street Address 99 HIGH STREET			
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$0.01 PAR VALUE		100	common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

MAR 21 2002

File Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

By: \_\_\_\_\_

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.

Kenneth C. Lacoste 3/19/02  
Signature of Officer Date

Kenneth C. Lacoste  
Print or Type Name of Officer  
President

Title of Officer



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **76869** 2. Name of Corporation **Block Island Bike & Car Rental, Inc.**  
3. Street Address Principal Business Office **99 High St., PO Box G** City **Block Island** State **RI** Zip **02807**  
4. Business Phone No. **401-466-2297** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8813**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Renting Automobiles and Bicycles**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Kenneth C. Lacoste** **XXXXXXXXXX ASSISTANT SECRETARY**  
Street Address **99 High St., PO Box G** Street Address **154 Waterman St., 3rd floor**  
City **Block Island** State **RI** Zip **02807** City **Providence** State **RI** Zip **02906**  
Secretary Name **Marlee E. Lacoste** Treasurer Name **Kenneth C. Lacoste**  
Street Address **99 High St., PO Box G** Street Address **99 High St., PO Box G**  
City **Block Island** State **RI** Zip **02807** City **Block Island** State **RI** Zip **02807**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Kenneth C. Lacoste** Director Name  
Street Address **99 High St., PO Box G** Street Address  
City **Block Island** State **RI** Zip **02807** City State Zip  
Director Name **MARLEE E. LACOSTE** Director Name  
Street Address **99 High St.** Street Address  
City **Block Island** State **RI** Zip **02807** City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 \$.01 PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common \$.01**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 6 8 6 9 \*

File Date: 3/19/01

Check No.: 1399

By: KLO

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 of Officer John S. Pfarr Date 2/27/01

Print or Type Name of Officer John S. Pfarr

Title of Officer Asst Secretary



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **76869** 2. Name of Corporation **Block Island Bike & Car Rental, Inc.**  
3. Street Address Principal Business Office **99 High Street** City **Block Island** State **RI** Zip **02807**  
4. Business Phone No. **(401) 466-2297** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8813**  
7. Brief Description of the Character of Business Conducted in Rhode Island **To engage in the business of renting automobiles and bicycles together with all other lawful purposes allowed under the laws of the State of Rhode Island.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Kenneth C. Lacoste</b> Street Address <b>99 High Street, PO Box G</b> City <b>Block Island</b> State <b>RI</b> Zip <b>02807</b>	<del>XXXXXXX</del> Assistant Secretary <b>John S. Pfarr</b> Street Address <b>154 Waterman St., 3rd Floor</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>
Secretary Name <b>Marlee E. Lacoste</b> Street Address <b>99 High Street, PO Box G</b> City <b>Block Island</b> State <b>RI</b> Zip <b>02807</b>	Treasurer Name <b>Kenneth C. Lacoste</b> Street Address <b>99 High Street, PO Box G</b> City <b>Block Island</b> State <b>RI</b> Zip <b>02807</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Kenneth C. Lacoste</b> Street Address <b>99 High Street, PO Box G</b> City <b>Block Island</b> State <b>RI</b> Zip <b>02807</b>	Director Name <b>Marlee E. Lacoste</b> Street Address <b>99 High Street, PO Box G</b> City <b>Block Island</b> State <b>RI</b> Zip <b>02807</b>
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000 SHS</b>	<b>\$0.01 PAR VALUE</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>\$0.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 6 8 6 9 \*

File Date: **PAID**  
Check No. **MAY 17 2000**  
By: **SECY OF STATE**  
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 of Officer **John S. Pfarr** Date **4/24/00**  
Print or Type Name of Officer **John S. Pfarr**  
Title of Officer **Assistant Secretary**

Block Island Bike & Car Rental, Inc.

CORPORATE ID NO. 76869

Annual Report for the year 2000

The Name of the Additional Officer is:

Assistant Secretary: K. Erik Wallin  
461 Chapel Street  
P.O. Box 429  
Block Island, RI 02807



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>76869</b>		2. Name of Corporation <b>Block Island Bike &amp; Car Rental, Inc.</b>	
3. Street Address Principal Business Office <b>99 High Street</b>		City <b>Block Island</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 466-2297</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>8813</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To engage in the business of renting automobiles and bicycles, together with all other lawful purposes allowed under the laws of the State of Rhode Island.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Kenneth C. Lacoste</b>		<del>Assistant Secretary</del> <b>John S. Pfarr</b>	
Street Address <b>99 High Street, P. O. Box G</b>		Street Address <b>120 Wayland Avenue</b>	
City <b>Block Island</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02807</b>		Zip <b>02906</b>	
Secretary Name <b>Marlee E. Lacoste</b>		Treasurer Name <b>Kenneth C. Lacoste</b>	
Street Address <b>99 High Street, P.O. Box G</b>		Street Address <b>99 High Street, P.O. Box G</b>	
City <b>Block Island</b>	State <b>RI</b>	City <b>Block Island</b>	State <b>RI</b>
Zip <b>02807</b>		Zip <b>02807</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Kenneth C. Lacoste</b>		Director Name <b>Marlee E. Lacoste</b>	
Street Address <b>99 High Street, P.O. Box G</b>		Street Address <b>99 High Street, P.O. Box G</b>	
City <b>Block Island</b>	State <b>RI</b>	City <b>Block Island</b>	State <b>RI</b>
Zip <b>02807</b>		Zip <b>02807</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>8,000 SHS</b>	<b>\$.01 PAR VALUE</b>		
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>100</b>	<b>Common</b>	<b>\$0.01</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 12/23/99

Check No.: 1292

By: JO

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 of Officer: John S. Pfarr Date: 2/5/99

Print or Type Name of Officer: John S. Pfarr

Title of Officer: Assistant Secretary





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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

**76869**

**Block Island Bike & Car Rental, Inc.**

3. Street Address Principal Business Office

**99 High Street**

City

**Block Island**

State

**RI**

Zip

**02807**

4. Business Phone No.

**(401) 466-2297**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**8813**

7. Brief Description of the Character of Business Conducted in Rhode Island

**To engage in the business of renting automobiles and bicycles, together with all other lawful purposes allowed under the laws of the State of Rhode Island**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

**Kenneth C. Lacoste**

Street Address

**99 High Street, P.O. Box G**

City

**Block Island**

State

**RI**

Zip

**02807**

Secretary Name

**Marlee E. Lacoste**

Street Address

**99 High Street, P.O. Box G**

City

**Block Island**

State

**RI**

Zip

**02807**

~~XXXXXXXXXX~~ Assistant Secretary  
**John S. Pfarr**

Street Address

**120 Wayland Avenue**

City

**Providence**

State

**RI**

Zip

**02906**

Treasurer Name

**Kenneth C. Lacoste**

Street Address

**99 High Street, P.O. Box G**

City

**Block Island**

State

**RI**

Zip

**02807**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

**Kenneth C. Lacoste**

Street Address

**99 High Street, P.O. Box G**

City

**Block Island**

State

**RI**

Zip

**02807**

Director Name

Director Name

**Marlee E. Lacoste**

Street Address

**99 High Street, P.O. Box G**

City

**Block Island**

State

**RI**

Zip

**02807**

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**8,000 SHS \$.01 PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**100**

**Common**

**\$0.01**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 6 8 6 9 \*

File Date: 3/12

Check No.: 1088

By: [Signature]

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] 1/30/98  
Signature of Officer Date

John S. Pfarr  
Print or Type Name of Officer

Assistant Secretary  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>76869</b>		2. Name of Corporation <b>Block Island Bike &amp; Car Rental, Inc.</b>			
3. Street Address Principal Business Office <b>99 High Street</b>		City <b>Block Island</b>	State <b>RI</b>		
4. Business Phone No. <b>(401) 466-2297</b>		5. State of Incorporation <b>RHODE ISLAND</b>	Zip <b>02807</b>		
6. SIC Code <b>8813</b>					
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To engage in the business of renting automobiles and bicycles, together with all other lawful purposes allowed under the laws of the State of Rhode Island</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name <b>Kenneth C. Lacoste</b>		Assistant Secretary <b>John S. Pfarr</b>			
Street Address <b>99 High Street, P.O. Box G</b>		Street Address <b>120 Wayland Avenue</b>			
City <b>Block Island</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>		
Zip <b>02807</b>		Zip <b>02906</b>			
Secretary Name <b>Marlee E. Lacoste</b>		Treasurer Name <b>Kenneth C. Lacoste</b>			
Street Address <b>99 High Street, P.O. Box G</b>		Street Address <b>99 High Street, P.O. Box G</b>			
City <b>Block Island</b>	State <b>RI</b>	City <b>Block Island</b>	State <b>RI</b>		
Zip <b>02807</b>		Zip <b>02807</b>			
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name <b>Kenneth C. Lacoste</b>		Director Name <b>Marlee E. Lacoste</b>			
Street Address <b>99 High Street, P.O. Box G</b>		Street Address <b>99 High Street, P.O. Box G</b>			
City <b>Block Island</b>	State <b>RI</b>	City <b>Block Island</b>	State <b>RI</b>		
Zip <b>02807</b>		Zip <b>02807</b>			
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 SHS</b>	<b>\$0.01 PAR VALUE</b>		<b>100</b>	<b>Common</b>	<b>\$0.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 6 8 6 9 \*

File Date: 2/14/97  
Check No.: 1161  
By: [Signature]  
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 of Officer: [Signature] Date: 1/31/97  
Print or Type Name of Officer: John S. Pfarr  
Title of Officer: Assistant Secretary

# PROFIT CORPORATION ANNUAL REPORT

## 1996



STATE OF RHODE ISLAND AND PROVIDENCE PLANTINGS  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. <b>76869</b>		2. NAME OF CORPORATION <b>Block Island Bike &amp; Car Rental, Inc.</b>	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b>99 High Street</b>		CITY <b>Block Island</b>	STATE <b>RI</b>
		ZIP CODE <b>02807</b>	
4. BUSINESS PHONE NO. <b>(401) 466-2297</b>		5. STATE OF INCORPORATION <b>RHODE ISLAND</b>	
		6. SIC CODE <b>8813</b>	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <b>To engage in the business of renting automobiles and bicycles, together with all other lawful purposes allowed under the laws of the State of Rhode Island.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME <b>SEE ATTACHED SHEET</b>		VICE PRESIDENT NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
	ZIP CODE		ZIP CODE
SECRETARY NAME		TREASURER NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
	ZIP CODE		ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME <b>SEE ATTACHED SHEET</b>		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
	ZIP CODE		ZIP CODE
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
	ZIP CODE		ZIP CODE
10. SHARES AUTHORIZED AND ISSUED.			
AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS / SERIES	NUMBER OF SHARES	CLASS / SERIES
<b>8,000 SHS</b>	<b>\$.01 PAR VALUE</b>	<b>100</b>	<b>common</b>

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: **3/7/96**

Check No: **1632**

By: **(Signature)**  
For Secretary of State Use Only

**(Signature)**  
Signature of Officer

**John S. Pfarr**

Print or Type Name of Officer

**Assistant Secretary**

Title of Officer

**3/6/96**

Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

**BLOCK ISLAND BIKE & CAR RENTAL, INC.**

**Corporate ID 76869**

**Annual Report for the Year 1996**

**The Names of the Officers Are:**

<b>President</b>	<b>Kenneth C. Lacoste</b>	<b>99 High St., P.O. Box G, Block Island, RI 02807</b>
<b>Secretary</b>	<b>Marlee E. Lacoste</b>	<b>99 High St., P.O. Box G, Block Island, RI 02807</b>
<b>Treasurer</b>	<b>Kenneth C. Lacoste</b>	<b>99 High St., P.O. Box G, Block Island, RI 02807</b>
<b>Assistant Secretary</b>	<b>John S. Pfarr</b>	<b>461 Chapel St., P.O. Box 429, Block Island, RI 02807</b>

**The Names of the Directors Are:**

<b>Kenneth C. Lacoste</b>	<b>99 High St., P. O. Box G, Block Island, RI 02807</b>
<b>Marlee E. Lacoste</b>	<b>99 High St., P. O. Box G, Block Island, RI 02807</b>

## State of Rhode Island and Providence Plantations



## Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

**ANNUAL REPORT**

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

0076869

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

**Block Island Bike & Car Rental, Inc.**

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: Rhode Island

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Block Island Bike & Car Rental, Inc.99 High StreetBlock Island, RI 02807Phone: (401) 466-2297

Brief statement of the character of business conducted in Rhode Island:

To engage in the business of renting automobiles and bicycles, together with all other lawful purposes allowed under the laws of the State of Rhode Island.**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

**SEE ATTACHED SHEET**

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

**THE NAMES OF THE DIRECTORS ARE:**

NAME STREET ADDRESS CITY/STATE ZIP CODE

**SEE ATTACHED SHEET**

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares

Class / Series

8,000

common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series

100

common

Date March 24, 1995By: John S. Pfarr

PRINT OR TYPE NAME OF OFFICER SIGNING

John S. Pfarr

TITLE OF OFFICER SIGNING

Assistant Secretary

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOHN S. PFARR

461 CHAPEL STREET

P.O. BOX 429

BLOCK ISLAND

RI 02807

**FILED**

MAR 27 1995

BY 1059107-1434

BLOCK ISLAND BIKE & CAR RENTAL, INC.

Corporate ID 0076869

Annual Report for the Year 1995

The Names of the Officers Are:

President	Kenneth C. Lacoste	99 High St., P.O. Box G, Block Island, RI 02807
Secretary	Marlee E. Lacoste	99 High St., P.O. Box G, Block Island, RI 02807
Treasurer	Kenneth C. Lacoste	99 High St., P.O. Box G, Block Island, RI 02807
Assistant Secretary	John S. Pfarr	461 Chapel St., P.O. Box 429, Block Island, RI 02807

The Names of the Directors Are:

Kenneth C. Lacoste	99 High St., P. O. Box G, Block Island, RI 02807
Marlee E. Lacoste	99 High St., P. O. Box G, Block Island, RI 02807