

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 I								
I. Corporale ID No. 76869	2. Name of Corpo Block Island	ration Bike & Car Rental,	Inc.					
3. Street Address Principol B	lusiness Office		City	State	Zip			
99 HIGH STREET			BLOCK ISLAND	RI	02807			
4. Business Phone No		5. State of Incorpor	ation		6. SIC Code			
4014662297		RHODE ISLA	ND		8813			
7. Brief Description of the C TO ENGAGE IN THE	haracter of Business Con BUSINESS OF REN	ducted in Rhode Island TING AUTOMOBILES	AND BICYCLES.					
8. NAMES AND ADDR President Name	ESSES OF THE OF	ICERS ("X" BOX FOR	RATTACHMENT)   FILL IN SPA	CES BEFORE USING A	TTACHMENTS			
Kenneth C. Lacos	ste		Marlee E. Lacost	:e				
Street Address	<del></del>	<del></del>	* Street Address	···				
99 High Street			99 High Street					
City	State	Zip	City	State	Zip			
Block Island	RI	02807	·Block Island	RI	02807			
Secretary Name	• • • • • • • • • •		Treasurer Name					
Marlee E. Lacost	:e		Kenneth C. Lacos	te				
Street Address	· · · · · · · · · · · · · · · · · · ·		* Street Address	<del></del>	<del></del>			
99 High Street			.99 High Street	• • • • • • • • • • • • • • • • • • • •				
City	State	Zip	*City	State	Zip			
Block Island	RI	02807	.Block Island	RI	02807			
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT)   FILL IN SE	PACES BEFORE USING	· ·			
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99 High Street			99 High Street					
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Block Island	RI	02807	Block Island	RI	02807			
Director Name			Director Name					
Street Address		·	Street Address					
City	State	Zıp	City	State	Zip			
10. SHARES AUTHOR	IZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	νη <b>-</b>			
AUTHORIZED SHARES		<del></del>	ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
8,000 \$.01 PAR VALI	JE		100	Common	\$0.01			
This report must be sig	ned in Ink by eithe	r the President, Vice	e President, Secretary, Assist	ant Secretary, Treas	urer, Receiver or Tru			
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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 berein are true and correct.	
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Dennely (- HICHU) 2/10/05	
Signature of Officer Date	
Kenneth C. Lacoste	
Print or Type Name of Officer	
President	
Title of Officer Form 630	12/0



Filing Period: January 1 - March 1 •

### 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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Fee: \$50.00

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	401.222.304
2004	

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 76869 Block Island Bike & Car Rental, Inc. 3. Street Address Principal Business Office State Zin City 99 High Street Block Island RI 02807 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 466-2297 RHODE ISLAND 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) | | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Kenneth C. Lacoste Marlee E. Lacoste Street Address Street Address 99 High Street 99 High Street City State Zip City State Zip 02807 Block Island <u>Plock</u> Island 02807 RISecretary Name Treasurer Name Marlee E. Lacoste Kenneth C. Lacoste Sirect Address Street Address 99 High Street 99 High Street State City State Zip 02807 Block Island RI Block Island RI 02807 Director Name Kenneth C. Lacoste Marlee E. Lacoste Street Address Street Address 99 High Street 99 High Street Zip City State Zin 02807 Block Island RI 02807 Block Island RI 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 \$.01 PAR VALUE \$0.01 100 common

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	260/04
Check No	2046
Ву:	
FOR	SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I had including any accompanying schedules and statement	•
Kenneth C. Lacate	2/18/04
Signature of Officer	Date
Kenneth C. Lacoste	
Print or Type Name of Officer	<u> </u>
President	
Tule of Officer	



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

PROFIT CORI Filing Period: January	PORATION . 1 - March 1 • F	ANNUAL REI	PORT FOR THE Y	EAR 2003	
FORM MUST BE TYPED I					
1. Corporate ID No.	2. Name of Corpo	pration			
*76869*	Block Island	Bike & Car Rental, I	Inc.		
3. Street Address Principal B	usiness Office		City	State	Zip
99 HIGH STREET			BLOCK ISLAND	RI	02807
4. Business Phone No.		5. State of Incorpora			6. SIC Code
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7. Brief Description of the Ci TO ENGAGE IN THE	haracier of Business Cor BUSINESS OF REI	Hing and hobites	AND BICYCLES.		<del></del>
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<i>President Name</i> Kenneth C. Lacos			Vice President Name	_	
Street Address		<del></del>	• Marlee E. Lacost  *Street Address	.6	<del></del>
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City Block Island	State RI	2ip 02807	City Block Island	State RI	2 <i>ip</i> 02807
Secretary Name	!	102807	Treasurer Name		102001
Marlee E. Lacost	:e		Kenneth C. Lacos	te	
Street Address		<del></del>	* Street Address		····
99 High Street			.99 High Street		•
City	State	Zip	*City	State	Zip
Block Island	RI	02807	.Block Island	RI	02807
9. NAMES AND ADDR Director Name	esses of the dif	RECTORS C'X" BOX FO	DRATTACHMENT)   FILL IN SI Director Name	ACES BEFORE USING	ATTACHMENTS
Kenneth C. Lacos	ste		Marlee E. Lacost	:e	
Street Address		<del></del>	• Street Address		
99 High Street			*99 High Street		
City	State	Zip	•City	State	Zip
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Director Name			Director Name		
Street Address			·Street Address		
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ima report must be sig	sneu in ink by elln	er ine i restaemi, vice	: 1 resident, pecretary, Assist	uni secretary, treast	urer, Neceiver or i
\$   <b>64</b>     194  <b>1</b>	DHE HEND BUILD FOR IEEN				
	ANALYSIS AND STRUCTURE		Under penalty of peri	ury, I declare and affirm	that I have examined

*76869 DB0	C3/11/0 TO the total
File Dote	MAR 2 6 2003
By:	BY 211 1814
FOR SECRETA	RY OF STATE USE ONLY

and that all statements contained herein are true and correct.

Kenneth C. Lacoste Print or Type Name of Officer

President Title of Officer

Form 630 12/01



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

PRO	FIT	CORP	ORATION	ANNUAL	REPORT	FOR	THE	YEAR	2002
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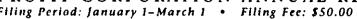
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(FORM MUST BE TYPED IN BLAC					
1. Carporate ID No.	2. Name of Corpora				
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99 High Street 4. Business Phone No.		5. State of Incorporatio		V.T.	
466-2297		RHODE IS			6. SIC Code 18813
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KENNETH C. LACO	OSTE		MARLEE E. LACOS	STE	
Street Address			Street Address	·	<del></del>
99 HICH STREET			'99 HIGH STREET		
City	State	Zip	City	State	Zip
BLOCK ISLAND	RI	02807	BLOCK ISLAND	RI	02807
Secretary Name		• • • •	Treasurer Name		
MAPLEE E. LACOS	STE		KENNETH C. LACC	DSTE	
Street Address		•	Street Address	_	
99 HIGH STREET			·99 HIGH STREET		
City	State	Zip	City	State	02807
BLOCK ISLAND	RI	02807	BLOCK ISLAND	! RI	
9. NAMES AND ADDRESS	ES OF THE DIRI	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS
Director Name	ocme.		Director Name MAPLEE E. LACOS	בייה	
KENNETH C. LACO	JSTr.		· · · · · · · · · · · · · · · · · · ·	· <del></del>	<del> </del>
99 HIGH STREET			Street Address 99 HIGH STREET		
.City	State	Zip	City		1
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Director Name			Director Name		
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Street Address			Street Address	••	<del></del>
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10. SHARES AUTHORIZED	Y'X' BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X*	OX FOR ATTACHMENT	\$ July 12 2 2
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This report must be signe	<b>d in ink</b> by eith	ner the President. Vic	e President, Secretary, Assista	nt Secretary Treasu	irer Receiver of Trusta
ima report must be signe	a in the by elli	ier the rrestuent, vic	e rresident, secretary, Assistan	nt secretary, treasu	irer, Keceiver or Irusto

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: MAR 2 1 2002	that all statements contained herein are true and correct.  Keeneralle Chante shalos
Check No.: By Color St	Signature of Officer  Kenneth C. Lacoste
Ву:	Print or Type Name of Officer  President
FOR SECRETARY OF STATE USE ONLY	Title of Offices

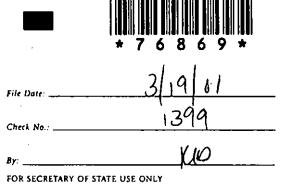
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00





1. Business Phone NO. 401-466-2297 RHODE ISLAND  1. Brief Decision of the Character of Business Genducted in Phone Island Renting Automobiles and Bicycles  3. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) Kenneth C. Lacoste    Company   Decision   D	FORM MUST BE TYPED IN BLAC	CK)						<u></u> -		
Block Island RI  Business Phone No Subject of Phone Phone Island RI  Business Phone No Subject of Phone Phone Right Stand Right Stand Renting Automobiles and Bicycles  NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  FILL IN SPACES BEFORE USING ATTACHMENTS  State Address  State Addre				Bik	e & Car Re	ntal	, Inc.			
### Address And Address Of the Directors (*** Box For Attachment)   Fill in Spaces before using attachments						City	Block Island	State	RI	Zip 02
Renting Automobiles and Bieyeles  NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  Kenneth C. Lacoste  Kenneth C. Lacoste  White High St., PO Box G  Block Island  State  RI  219  219  229  22807  City  Providence  RI  229  23807  City  Block Island  State  RI  229  23807  City  Block Island  State  RI  229  23807  City  Block Island  State  RI  229  23807  City  Block Island  RI  239  24807  City  Block Island  RI  248  258  26807  City  Block Island  RI  258  26807  City  Block Island  RI  26807  City  Block Island  RI  279  2807  City  Block Island  RI  280807  City  Block Island  RI  290807  City  State  Address  Director Name  MARLEE  MARLEE  ACOSTE  MARLEE  ACOSTE  State  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  THOURS AND SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  THOURS BREFORE USING ATTACHMENT)  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  THOURS BREFORE USING ATTACHMENT)  12. State  AND SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  THOURS BREFORE USING ATTACHMENT)  THOURS BREFORE USING ATTACHMENT  SUPPLY SHARES  Number of Shares  Class/Scries  Par Value  100  Common  SO.01  Sold RESIDENCE ARE FOR EURIS AUTHORIZED, "Par Value  100  Common  SO.01  THOURS AND AUTHORIZED ("X" BOX FOR ATTACHMENT)  THOURS BREFORE  THE Address  SERVIT AND AUTHORIZED ("X" BOX FOR ATTACHMENT)  THOURS BREFORE USING ATTACHMENT  SUPPLY SHARES  Number of Shares  Class/Scries  RESIDENCE AND AUTHORIZED ("X" BOX FOR ATTACHMENT)										6. SIC Code
Kenneth C. Lacoste  Kenneth C. Lacoste  West Address  Steet Addres				e Island						
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Marlee E. Lacoste    Street Address   Street Address   Sp High St., PO Box G	Block Island	State	RI	Zip	02807	City	Providence			
99 High St., PO Box G  Block Island  State RI  21p 02807  City Block Island RI  Director Name  NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  rect Addr99 High St., PO Box G  Street Address  Director Name  MARLLLE E. LACOSTE  rect Address  Director Name  MARLLLE E. LACOSTE  State Block Island RI  02807  City State  Zip  Director Name  MARLLLE E. LACOSTE  rect Address  Street Address  Street Address  Director Name  Name  Name  Street Address  Street Ad	Marlee E. Lacost	te				Treasur	er Name Kenneth C. Lace	oste		** ** **
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Director Nome  street Address  diry Block Island State RI Zip 02807 City State Zip  director Now High St., PO Box G  director Now High St., PO Box G  MARLEE E. LACOSTE  street Address  Stree	Block Island	State	RI	<sup>2ip</sup> 02	2807	City B	llock Island			02807
Block Island  State RI  Sip 02807  Director Name  MARLGE E.  LACOSTE  Street Address  Street Address  Director Name  Street Address  Street Address  O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  UTHORIZED SHARES  LACOSTE  Street Address  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  UTHORIZED SHARES  LACOSTE  Street Address  Street A			E DIRECTO	ORS (*x	C BOX FOR ATTAC			BEFORE I	using attaci	IMENTS
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MARLEE E. LACOSTE  Treet Address  Street Address  Store  It SHARES ISSUED (*X* BOX FOR ATTACHMENT)  INTHORIZED SHARES  SUIT) SHARES  Number of Shares  Class/Series  Par Value  8,000 \$.01 PAR VALUE  100 Common  SO.01  This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver	Block Island	State	RI	Zip	02807	City		State		Zip
State Zip City State Zip City State Zip State Zip D2807  Block Island RI 02807  0. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) UTHORIZED SHARES  umber of Shares Class/Series Par Value Number of Shares Class/Series Par Value  8,000 \$.01 PAR VALUE  100 Common \$0.01  Solution and the signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver	77 IIIPH DG: I C/ 17	<del>ox G</del>	LACO5	TE		Directo	r Name			*******
Block Island  RI 02807  0. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)  UTHORIZED SHARES  umber of Shares  Class/Series  Par Value  8,000 \$.01 PAR VALUE  100  Common  S0.01  This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver	99 High St.					Street A	Address			
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nis report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver	umber of Shares	Class/Seri	rs	Par Val	nc	Numbe	r of Shares	Class/S	eries	
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	– his report must be signe	ed in ink	by either ti	he Pre	- sident. Vice P	residen	it. Secretary. Assis	tant Secre	tarv. Treasure	r. Receiver o
i 1887) i 1887 2018, 1878 2018, 187 388 (	<u>-</u>		·		,		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,



Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, and
that mi statements contained herein are true and correct.
Jols. 1/a 2/27/61
Signafure of Officer S. Pf-112 Bate
Print of Type Name of Officer
Ass/ Socretary
Title of Officer

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.

2. Name of Corporation

76869 Block Island Bike & Car Rental, Inc. 3. Street Address Principal Business Office City State 99 High Street Block Island RI 02807 4. Business Phone No. 5. State of Incorporation 6 SIC Code (401) 466-2297 8813 RHODE ISLAND 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 Kenneth C. Lacoste John S. Pfarr Street Address Street Address 99 High Street, PO Box G 154 Waterman St., 3rd Floor City City State 02807 Block Island RΙ 02906 Providence RΙ Secretary Name Treasurer Name Marlee E. Lacoste Kenneth C. Lacoste Street Address Street Address High Street, PO Box G 99 High Street, PO Box G City City State 02807 Block Island ' RIRI 02807 Block Island 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Kenneth C. Lacoste Marlee E. Lacoste Street Address Street Address 99 High Street, PO Box G 99 High Street, PO Box G City Zip , State 02807 Block Island RI Block Island RI Director Name Director Name 7 Street Address Street Address City State City Zip State 

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

ISSUED SHARES

Number of Shares

100



10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

8,000 SHS \$.01 PAR VALUE

Class/Series

File Date: PAID

AUTIHORIZED SHARES

Number of Shares

Check No **MAY 1 7 2000** 

By. SEC'Y OF STATE
FOR SECRETARY OF STATE USE ONLY

1/1/2/0/g

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.

4/24/00

Signature of Officer

John S. Pfarr

Print or Type Name of Officer

Assistant Secretary

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Common

Par Value

Date

\$0.01

Title of Officer

# 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

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

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

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(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 76869 2. Name of Corporation Bike & Car Rental, Inc. 3. Street Address Principal Business Office 99 High Street Block Island 02807 RI 4. Business Phone No. \* HHODE ISLAND (401) 466-2297 7. Bitel 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) I FILL IN SPACES BEFORE USING ATTACHMENTS President Name \* \*\*\*\*\*\*\*\* Assistant Secretary Kenneth C. Lacoste John S. Pfarr Street Address Street Address 99 High Street, P. O. Box G 120 Wayland Avenue City Block Island RΙ 02807 02906 Providence RI Secretary Name Treasurer Name Marlee E. Lacoste Kenneth C. Lacoste 99 High Street, P.O. Box G 99 High Street, P.O. Box G City State 02807 Block Island RT Block Island 02807 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS . Director Name Kenneth C. Lacoste Marlee E. Lacoste Street Address Street Address 99 High Street, P.O. Box G 99 High Street, P.O. Box Zip State 02807 Block Island RI 02807 Block Island RI Director Name Director Name Street Address Street Address City State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) ALITHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Par Value Class/Series Par Value 8,000 SHS \$.01 PAR VALUE 100 \$0.01 Common

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:	M20,99
Check No.:	1800
By:	OF STATE USE ONLY

Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa	inying schedules and statements, an
Hat all statements contained herei	in are true and correct.
Ses. Man	2/5/99
Signature of Officer	Date
John S. Pfarr	
Print or Type Name of Officer	

Assistant Secretary

Title of Officer

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)

I.	Corporate ID No.		
	•	76869	

2. Name of Corporation

3. Street Address Principal Business Office 99 High Street

Block Island Bike & Car Rental, Inc.

Block Island

Street Address

Treasurer Name

Street Address

Director Name

Street Address

John S. Pfarr

Providence

120 Wayland Avenue

Kenneth C. Lacoste

Marlee E. Lacoste

RI

**WKWXKWKWK** Assistant Secretary

99 High Street, P.O. Box G

99 High Street, P.O. Box G

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Zip 02807

4. Business Phone No.

5. State of incorporation

6. SIC Code

(401) 466-2297

**RHODE ISLAND** 

8813

7. Bitef Description of the Character of Business Conducted to 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)

Kenneth C. Lacoste

Street Address

99 High Street, P.O. Box G

Block Island

State

State

RT 02807

Secretary Name

Marlee E. Lacoste

Street Address

99 High Street, P.O. Box G

Block Island

RI

02807

City Block Island State RI

RI

02807

02807

02906

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 Zip

Block Island

RI

Director Name

02807

Director Name

Block Island

Street Address

Street Address

City

Zip

City

State

. State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Pat Value

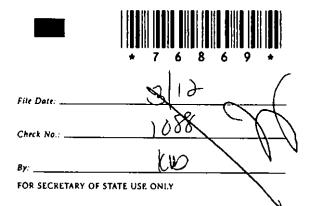
8,000 SHS \$.01 PAR VALUE

100

Common

\$0.01

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



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.

Pfarr Mahn Print or Type Name of Officer

<u>Assistant</u> Secretary Title of Officer

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.

2. Name of Corporation

76869

Block Island Bike & Car Rental, Inc.

3. Street Address Principal Business Office

State

2.Ip

99 High Street 4. Business Phone No.

S. State of Incorporation

RI

02807 6. SIC Code

(401) 466-2297

RHODE ISLAND

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

99 High Street, P.O. Box G

99 High Street, P.O. Box G

Marlee E. Lacoste

Zip

Block Island Secretary Name

RI

02807

120 Wayland Avenue

John S. Pfarr

City

Block Island

State RI

Zip 02906

Providence Treasurer Name

Street Address

Kenneth C. Lacoste

Street Address

99 High Street, P.O. Box G

City

Block Island

State

02807

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

RI

State

Block Island

Director Name

Street Address

Director Name

City

Street Address

· City

02807

02807

Director Name Marlee E. Lacoste

Street Address

99 High Street, P.O. Box G

State RΙ

RΙ

Zip 02807

Block Island Director Name

Street Address Street Address

Kenneth C. Lacoste

City

State

Zip

Zip

Çity

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Volue

ISSUED SHARES Number of Shares

Class/Series

Par Value

8,000 SHS \$.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



File Date:

Check No .:

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 all statements contained herein are true and correct.

1/**ジ**/ /97

Date

ignature of Office

Jøhn S. Pfarr

Assistant Secretary

Title of Officer

### PROFIT CORPORATION **ANNUAL PEPORT**

1996



State of Kingle (Stand and Providence Flantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Alling Perjod: Jáiliuary 1-March 1

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Filina	Fee:	\$50	00

		PLEASE TYPE	OR PRINT IN BLACK INK.		
CORPORATE (2) NO	2. NAME OF CORPORA	TION		<del></del>	
76869	Blo	ck Island Bike &	Car Rental, Inc.		
STREET ADDRESS PRINCIPAL BUSINES	SS OFFICE		any	STATE	ZIP CODE
99 High Stre	eet		Block Island	RI	02807
BUSINESS PHONE NO.		5. STATE OF UNCORPORATION	DIOCK ISTAIK		6. SIC CODE
(401) 466-22	297	RHODE	ISLAND		
PRIEF DESCRIPTION OF THE CHARACTI	ER DE RUSHVESS CONTRACTED IN R	WODE IST AND			8813
			omobiles and bicycle	es, together w	ith all other
lawful purpo	oses allowed	under the laws o	of the State of Rhode	e Island.	
	8	NAMES AND ADI	RESSES OF THE OF	FICERS	
SIDENT NAME			VICE PRESIDENT HAME		
SEE ATTACHEI	D SHEET	<del></del>	A STREET ADORESS	· · · · · · · · · · · · · · · · · · ·	
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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	 Signature of Officer
Check No:	1632	John S. Pfarr

Ву: .

Assistant Secretary

Print or Type Name of Officer

3/6/96

Title of Officer

Date 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:

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

# 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

Make Checks Payable to: Secretary of State

Filing Fee \$50.00

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

Block_Island_Bike_& Car_Rental, _Incof_ the State_of_Rhode_Island99_High_Street	
Name of Corporation:  Name of Corporation:  Business entity organized under the laws of the State of Rhode_Island For foreign entity, address and telephone number of principal office:    X   Business Entity is (check one):   X   Business Entity is (check one):   X   Business Corporation (See RIGL Chapter 7-1.1)   J   Professional Service Corporation (See RIGL Chapter 5)   I   I   Professional Service Corporation (See RIGL Chapter 5)   I   I   Professional Service Corporation (See RIGL Chapter 5)   I   I   Professional Service Corporation (See RIGL Chapter 5)   I   I   Professional Service Corporation (See RIGL Chapter 5)   I   I   Professional Service Corporation (See RIGL Chapter 5)   I   I   Professional Service Corporation (See RIGL Chapter 5)   I   I   Professional Service Corporation (See RIGL Chapter 5)   I   I	
For foreign entity, address and telephone number of principal office:    X  Business Corporation (See RIGL Chapter 7-1.1)   Professional Service Corporation (See RIGL Chapter 7-1.1)   Professional Service Corporation (See RIGL Chapter 7-1.1)	-
Professional Service Corporation (See RIGL Chap   Phone: (	
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Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not PO, Box):	
Stand (Provide street address - Not PO. Box):   Block	
Block_Island, RI02807 Phone: (_401_)_466-2297  THE NAMES OF THE OFFICERS ARE: STALET ADDRESS CITYSTATE  SEE ATTACHED SHEET VICE PRESIDENT  STREET ADDRESS CITYSTATE  TREASURER  STREET ADDRESS CITYSTATE  THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE  THE NAME  STREET ADDRESS CITYSTATE  SEE ATTACHED SHEET  NAME  SEE ATTACHED SHEET STREET ADDRESS CITYSTATE  NAME  STREET ADDRESS CITYSTATE  NAME  STREET ADDRESS CITYSTATE  NAME  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider Number of Shares  Class / Series  8,000  Common  Number of Shares Class / Series  100  Common	
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8,000 common 100 common	er may be attached)
March 24 95	
March 24 95	
Date March 24	
, ,	
PRINT OF TYPE RAME OF OFFICER SIGNING John S. Pfarr	
Form 31 1/95 THILL OF OFFICER SIGNING Assistant Secretary  DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	/

JOHN 5. PFARR 461 CHAPEL STREET

P.O. BOX 429

BLOCK ISLAND

RI 02807

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

FILED

MAR 27 1995

BY 1995

## 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

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