



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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

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BUS SVCS DIV

2021 MAY -4 P 3:35

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 <input type="checkbox"/>			
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	City CRANSTON	State RI
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	City CRANSTON	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City CRANSTON	State RI
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		2,000	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 5-23-2021
Signature of Authorized Representative <i>Concetta M Padula</i>			FILED MAY 04 2021

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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