



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 20729		2. Name of Corporation Island Services, Inc.			
3. Street Address Principal Business Office P.O. Box 518			City Block Island	State RI	Zip 02807
4. Business Phone No.		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Clifford McGinnis			Vice President Name		
Street Address P.O. Box 518			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Secretary Name Jerome Edwards			Treasurer Name Albert Casazza		
Street Address P.O. Box 518			Street Address P.O. Box 1232		
City Block Island	State RI	Zip 02807	City Redding Ctr.	State CT	Zip 06875
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000.00	CNP	No Par	0.00	CNP	No Par

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 SECRETARY OF STATE
 CORPORATIONS DIV.
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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.

File Date **FILED**
 Check No. JUL 31 2009
 By: **DS**
 FOR SECRETARY OF STATE USE ONLY

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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 herein are true and correct.

Signature: *C.R. McGinnis* Date: 7/30/09
 Print or Type Name: **C.R. MCGINNIS**
 Title: **President**