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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 _____

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.	2. Name of Corporation			
23533	LIZA, INC.			
3. Street Address Principal Business Office		City	State	Zip
133 Old Tower Hill Road, Suite 1		Wakefield	RI	02879
4. Business Phone No.	5. State of Incorporation			
789-0217	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
Rental of Cars

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Rita A. Draper			Steven J. Draper		
Street Address			Street Address		
Spring Street, PO Box I			Spring Street, PO Box I		
City	State	Zip	City	State	Zip
Block Island	RI	02807	Block Island	RI	02807
Secretary Name			Treasurer Name		
Rita A. Draper			Justin Abrams		
Street Address			Street Address		
Spring Street, PO Box I			Spring Street, PO Box I		
City	State	Zip	City	State	Zip
Block Island	RI	02807	Block Island	RI	02807

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Rita A. Draper			Steven J. Draper		
Street Address			Street Address		
Spring Street, PO Box I			Spring Street, PO Box I		
City	State	Zip	City	State	Zip
Block Island	RI	02807	Block Island	RI	02807
Director Name			Director Name		
Justin Abrams					
Street Address			Street Address		
Spring Street, PO Box I					
City	State	Zip	City	State	Zip
Block Island	RI	02807			

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 NO PAR VALUE		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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.

[redacted] [redacted]

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.

Rita A Draper 1/15/08
Signature *Date*

Rita A. Draper
Print or Type Name

[redacted] President/Secretary
Title

File Date FILED
Check No. FEB 20 2008
By: By DS-12178
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Form 630 Rev. 12/06