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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 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.	*2. Name of Corporation*			
145387	ARLINGTON AUTO RENTAL, INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
1211 Cranston Street		Cranston	RI	02920
4. Business Phone No.	*5. State of Incorporation*			
(401) 944-6100	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF RENTING, LEASING, LOANING, BUYING AND SELLING AUTOMOBILES AND OTHER MOTOR VEHICLES OF ANY KIND AND MAKE

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

President Name			*Vice President Name*		
Angelo Moretti			Maria Moretti		
Street Address			*Street Address*		
37 Nottingham Drive			37 Nottingham Drive		
City	*State*	*Zip*	*City*	*State*	*Zip*
Hope	RI	02831	Hope	RI	02831
Secretary Name			*Treasurer Name*		
Mario Moretti			Angelo Moretti		
Street Address			*Street Address*		
10 High Meadow Court			37 Nottingham Drive		
City	*State*	*Zip*	*City*	*State*	*Zip*
Cranston	RI	02920	Hope	RI 02831	

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **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)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600 COMM NO PAR VALUE			600	Common	No Par Value

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.

Signature — *Date*: January 5, 2009

ANGELO MORETTI
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No.
JAN 07 2009
By: By
FOR CORPORATION OF STATE USE ONLY

Form 630 Rev. 12/06