



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. 13365 | | 2. Name of Corporation UNITED RENT-A-CAR, INC. | | | |
| 3. Street Address Principal Business Office 1588 Newport Avenue | | | City Pawtucket | State RI | Zip 02861 |
| 4. Business Phone No. (401) 724-9050 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island MOTOR VEHICLE LEASING | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name ROBERT E. LALLIER | | | Vice President Name N/A | | |
| Street Address 15 Old Reynolds Road | | | Street Address | | |
| City Rehoboth | State MA | Zip 02769 | City | State | Zip |
| Secretary Name ROBERT E. LALLIER | | | Treasurer Name ROBERT E. LALLIER | | |
| Street Address 15 Old Reynolds Road | | | Street Address 15 Old Reynolds Road | | |
| City Rehoboth | State MA | Zip 02769 | City Rehoboth | State MA | Zip 02769 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name ROBERT E. LALLIER | | | Director Name | | |
| Street Address 15 Old Reynolds Road | | | Street Address | | |
| City Rehoboth | State MA | Zip 02769 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED 600; Common; No Par Value | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares 100 | Class Series Common | Par Value 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.

| |
|---------------------------------|
| File Date 1-14-09 |
| Check No. 1884 |
| By: mme |
| 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 that all statements contained herein are true and correct.

1/13/09
Signature _____ Date
ROBERT E. LALLIER
Print or Type Name
PRESIDENT
Title