

Bv:

FOR SECRETARY OF STATE USE ONLY

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 BE

2010

1. Corporate ID No 102576	2. Same of Con STANDAR	2. Name of Corporation STANDARD RENT-A-CAR, INC.				
3. Street Address Principal Business Office 664 Front Street			Woonsocket	State RI	^{Ζip} 02895	
i. Business Phone No.5. State of Incorporation(401) 766-5900Rhode Island						
6. Brief Description of the Ci	baracter of Business Condu	ted in Rhode Island	***************************************	woods.		
7. NAMES AND ADDI President Name	RESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) FILL IN : Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
William R. Legare			Judith A. Legare			
Street Address 106 Grove Street			Street Address 106 Grove Street			
cuy Millville	State MA	^次 01529	сиу Millv ille	State MA	^{Ζ(p} 01529	
Secretary Name Kathleen M. Legare			Treasurer Name William R. Legare			
Street Address 106 Grove Street			Mrcet Address 106 Grove Street			
^{City} Millville	State MA	^{Zip} 01529	_{Сіцу} Millville	State MA	^{Ζίρ} 01529	
3. NAMES AND ADDE Director Name None	RESSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) FILL I	N SPACES BEFORE USIN	IG ATTACHMENTS	
treet Address			Street Address			
City	State	Zip	C'H) [,]	State	Zip	
Director Name	***************************************		Director Name			
Street Address			Street Address			
OH _D ^c	State	Zip	СИУ	State	Zip	
O. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			100	common	no par value	
This report must be ex- his report must be ex-	secuted on behalf of the	te corporation by an authorize c corporation by the receiver of	d representative. If the or trustee.	corporation is in the hand	ls of a receiver or trus	
			Under penalty of	perjury, I declare and affirm	that I have examined this	
	ILEL		including any acc	ompanying schedules and stare true and correct.	atements, and that all sta	

William R. Legare Print or Type Name

President

Title