

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 2011

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(eèrd)) is

subject to a penalty fee of \$25.00.			тиш терин шини инту (50) и	ays igier ine time prestrivea vy a	w (R.I.C.I.,) -1.2-1)01 (coa)) is	
1. Corporate ID No. 10263	2. Name of Co. THRIFTY	2. Name of Corporation THRIFTY AUTO SALES, INC.				
3. Street Address Principal Busine c/o 2381 Post Road	ess Office		City Warwick	State RI	Ζφ 02886	
4. Business Phone No. 5. State of Incorporation (401) 739-4400 Rhode Island		5. State of Incorporation Rhode Island				
6. Brief Description of the Charac GENERAL REAL ESTAT	ter of Business Condi TE AND SALES	icted in Rhode Island				
7. NAMES AND ADDRESS	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name Thomas J. Celona			Vice President Name None			
Street Address 51 Woods Way			Street Address		W-14-12	
City North Kingstown	State RI	^{Zip} 02852	CÜ)	State	Zip	
Secretary Name Thomas J. Celona			Treasurer Name Thomas J. Celona			
Street Address 51 Woods Way			Street Address 51 Woods Way			
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	Ζίρ 0285 2	
8. NAMES AND ADDRESS	ES OF THE DIR	ECTORS: ("X" BOX FOR ATT	<i>TACHMENT)</i> [] FILL II	N SPACES BEFORE USIN	IG ATTACHMENTS	
Thomas J. Celona			Director Name			
Street Address E4 Miles de Miles			Street Address			
51 Woods Way	State	Zip	City	State	Zip	
North Kingstown	Ri	02852		. Messec	2.47	
Director Name		***************************************	Director Name	***************************************		
Street Address			Street Address			
			Sirver awaress			
City	State	Zip	СИу	State	Zip	
9. SHARES AUTHORIZED	ı	į.		("X" BOX FOR ATTAC ECTION <u>MUST</u> 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	
			200	Common	No Par	
This report must be execut	ed on behalf of the	he corporation by an authorize	ed representative. If the c	corporation is in the hand	s of a receiver or trustee,	
this report must be execute	ed on behalf of th	e corporation by the receiver	or trustee.			
			Hadan manalta a f			
			including any acco	ompanying schedules and sta	that I have examined this report, atements, and that all statements	
	LED		contained herein a	re true and correct.		
File Date	7 2011		Melin	<u> </u>	2-3-11	
Check No.			Signature Date			
By ////			Thomas J. Celona Print or Type Name			
119465 •			President			
FOR SECRETARY OF S	STATE USE ONLY		Title			