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 2012

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(a), 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		
498795	ISLAND RENTALS, INC		
3. Street Address Principal Business Office	City	State	Zip
PO BOX 985	BLOCK ISLAND	RI	02807
4. Business Phone No.	5. State of Incorporation		
	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
CAR RENTALS

7. NAMES AND ADDRESSES OF THE OFFICERS. (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BELOW IF NOT USING ATTACHMENT

President Name			Vice President Name		
JOHN LEONE			JASON LEONE		
Street Address			Street Address		
PO BOX 129			PO BOX 17		
City	State	Zip	City	State	Zip
BLOCK ISLAND	RI	02807	WEST KINGSTON	RI	02892
Secretary Name			Treasurer Name		
ALDO LEONE			ROBERT LEONE		
Street Address			Street Address		
1206 BUCHANAN STREET			5871 LEEDS LANE		
City	State	Zip	City	State	Zip
HOLLYWOOD	FL	33019	DAVIE	FL	33331

8. NAMES AND ADDRESSES OF THE DIRECTORS. (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BELOW IF NOT USING ATTACHMENT

Director Name			Director Name		
JOHN LEONE			JASON LEONE		
Street Address			Street Address		
PO BOX 129			PO BOX 17		
City	State	Zip	City	State	Zip
BLOCK ISLAND	RI	02807	WEST KINGSTON	RI	02892
Director Name			Director Name		
ALDO LEONE			ROBERT LEONE		
Street Address			Street Address		
1206 BUCHANAN STREET			5871 LEEDS LANE		
City	State	Zip	City	State	Zip
HOLLYWOOD	FL	33019	DAVIE	FL	33331

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED (X BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR
THIS SECTION MUST BE COMPLETED		

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.

FILED

MAR 08 2012

Fee Date: BY
Check No.
By:
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.

Signature — Date: 3/6/2012

JOHN LEONE
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08

74160-2-727501