



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 35949		2. Exact name of the Corporation Affordable Auto Rental, Inc.						
3. Principal office address 96 Evergreen Avenue		City Warwick	State RI	Zip 02888				
4. Business Phone No. 401-736-8501		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Automobile Rentals								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Michael Gemma			Vice-President Name Janice Gemma					
Street Address 225 Main Channel			Street Address 225 Main Channel					
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889			
Secretary Name Michael Gemma			Treasurer Name Janice Gemma					
Street Address 225 Main Channel			Street Address 225 Main Channel					
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Michael Gemma			Director Name Janice Gemma					
Street Address 225 Main Channel			Street Address 225 Main Channel					
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED			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.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						300	Common	No Par

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 _____

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.

Janice Gemma 01/14/2013
Signature of Authorized Representative Date

Janice Gemma

Print or Type Name of Authorized Representative

JAN 15 2013

BY 13697