RI SOS Filing Number: 201434284530 Date: 01/24/2014 4:00 PM

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 2014

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.	2. Exact name of the Corporation		
700312	Alert Auto Group, Inc		
3. Principal office address: 540 Huntington Ave.	City: Providence	State: RI	Zip: 02907
4. Business Phone No.: 401-467-1002.	5. State of Incorporation: RI.		
6. Brief description of the character of business conducted in Rhode Island: Auto Rental.			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: David L. Downes			Vice-President Name: David L. Downes		
Street Address: 54 Samuel Gordon Ave			Street Address: 54 Samuel Gordon Ave		
City: Warwick	State: RI	Zip: 02889	City: Warwick	State: RI	Zip: 02889
Secretary Name: David L. Downes			Treasurer Name: David L. Downes		
Street Address: 54 Samuel Gordon Ave.			Street Address: 54 Samuel Gordon Ave		
City: Warwick	State: RI	Zip: 02889	City: Warwick	State: RI	Zip: 02889

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	NO Par	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 _____ **FILED**
Check No _____ JAN 24 2014
By: _____
FOR SECRETARY OF STATE USE ONLY By: 14-215623 A.A.

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.

X David Downes 1-24-14
Signature of Authorized Representative Date

DAVID DOWNES
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
101995-1-932015