



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. 128883		2. Exact name of the Corporation Travelers Rental Co., Inc.			
3. Principal office address 250 Sumner Street		City East Boston	State MA	Zip 02128	
4. Business Phone No. 617-634-7135		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Leasing & renting of motor vehicles					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard Ray			Vice-President Name John DaMore		
Street Address 99 Big Bend Road			Street Address 673 Revere Beach Blvd.		
City Laconia	State NH	Zip 03246	City Revere	State MA	Zip 02151
Secretary Name Richard Ray			Treasurer Name Richard Ray		
Street Address 99 Big Bend Road			Street Address 99 Big Bend Road		
City Laconia	State NH	Zip 03246	City Laconia	State NH	Zip 03246
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
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
			800	Comm	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 _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JUN 02 2014

By 225379
A.A. 1:37p.m.

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 of Authorized Representative

John DaMore, Vice President

Print or Type Name of Authorized Representative

Date

5-29-14