



**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.<br><b>128883</b>  |                    | 2. Exact name of the Corporation<br><b>Travelers Rental Co., Inc.</b> |  |                    |                     |
| 3. Principal office address<br><b>250 Sumner Street</b>  |                    |   | City<br><b>East Boston</b>   | State<br><b>MA</b> | Zip<br><b>02128</b> |
| 4. Business Phone No.<br><b>617-634-7135</b>   |                    | 5. State of Incorporation<br><b>Massachusetts</b>                     |  |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Leasing &amp; renting of motor vehicles</b>                              |                    |   |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |   |  |                    |                     |
| President Name<br><b>Richard Ray</b>   |                    |   | Vice-President Name<br><b>John DaMore</b>                                  |                    |                     |
| Street Address<br><b>99 Big Bend Road</b>  |                    |   | Street Address<br><b>673 Revere Beach Blvd.</b>                            |                    |                     |
| City<br><b>Laconia</b>   | State<br><b>NH</b> | Zip<br><b>03246</b>   | City<br><b>Revere</b>  | State<br><b>MA</b> | Zip<br><b>02151</b> |
| Secretary Name<br><b>Richard Ray</b>   |                    |   | Treasurer Name<br><b>Richard Ray</b>                                       |                    |                     |
| Street Address<br><b>99 Big Bend Road</b>  |                    |   | Street Address<br><b>99 Big Bend Road</b>                                  |                    |                     |
| City<br><b>Laconia</b>   | State<br><b>NH</b> | Zip<br><b>03246</b>   | City<br><b>Laconia</b>   | State<br><b>NH</b> | Zip<br><b>03246</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |   |  |                    |                     |
| 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                 |
| <b>9. SHARES AUTHORIZED</b>  |                    |   | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |                     |
| 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        |

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 CORPORATIONS DIV  
 STATE

*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

Date

**John DaMore, Vice President**

Print or Type Name of Authorized Representative

5-29-14