

Amended



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

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|--|--------------------|---|------------------------|--------------------|---------------------|
| 1. Entity ID No. <u>795910</u> | | 2. Exact name of the limited liability company <u>Philip Maxwell Auto Rental LLC.</u> | | | |
| 3. State of Formation <u>RI</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Auto Rental</u> | | | |
| 5. Principal office address <u>1954 Smith St.</u> | | City <u>N. Providence</u> | | State <u>RI</u> | Zip <u>02911</u> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name <u>David Greaves</u> | | Contact Title <u>Manager</u> | | | |
| Street Address <u>1954 Smith St.</u> | | City <u>N. Providence</u> | | State <u>RI</u> | Zip <u>02911</u> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name <u>David Greaves</u> | | Manager Name <u>Rebecca Notardonato</u> | | | |
| Street Address <u>37 Brookside Ave.</u> | | Street Address <u>194 Old River Rd</u> | | | |
| City <u>N. Providence</u> | State <u>RI</u> | Zip <u>02911</u> | City <u>Lincoln</u> | State <u>RI</u> | Zip <u>02865</u> |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

FILED

DEC 02 2015

By A.A. 9:00 A.M.

2015 DEC -2 AM 9:06

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DIVISION OF BUSINESS SERVICES

File Date _____
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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 of Authorized Person

Date

David Greaves
Print or Type Name of Authorized Person



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

