



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 506423		2. Name of Corporation Replacement Auto Rental, Inc.			
3. Street Address Principal Business Office 277 West Avenue		City Pawtucket		State RI	Zip 02860
4. Business Phone No. (401) 335-3333		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To rent or lease cars on a short term basis or any other lawful purpose.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jimmy Martins		Vice President Name Dawn Martins			
Street Address 277 West Avenue		Street Address 277 West Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Dawn Martins		Treasurer Name Dawn Martins			
Street Address 277 West Avenue		Street Address 277 West Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jimmy Martins		Director Name Dawn Martins			
Street Address 277 West Avenue		Street Address 277 West Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value 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.

FILED
JAN 19 2016

File Date	BY <u>11250</u>
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.

Dawn Martins 1/13/16
Signature Date
Dawn Martins
Print or Type Name
Vice President
Title