



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

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information** *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
000020738	AUTOMOTIVE RENTALS, INC.	Good Standing Certificate
000115308	ARI Fleet LT	Good Standing Certificate

**Total Fee: \$42.00**

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: LISA HOLMES

Business Name: AUTOMOTIVE RENTALS INC

No. and Street: 4001 LEADENHALL ROAD

City or Town: MOUNT LAUREL

State: NJ

Zip: 08054

Country: USA

Contact Phone: (856) 778-1500 ext:

Contact Email: LHOLMES@ARIFLEET.COM

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**