



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
 Corporation

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 FOR SECRETARY OF STATE
 2018 JAN -2 PM 12:16

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001046590		2. Exact name of the Corporation 382 Rental Cars Inc			
3. Principal Office Address 382 Pawtucket Ave		City Pawtucket		State RI	Zip 02860
4. NAICS Code 532111		6. Brief description of the character of business conducted in Rhode Island Rental Cars			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Missak Adjarian			Vice-President Name Missak Adjarian		
Street Address 19 Nolbeth Drive			Street Address 19 Nolbeth		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Missak Adjarian			Treasurer Name Missak Adjarian		
Street Address 19 Nolbeth Drive			Street Address 19 Nolbeth Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Missak Adjarian			Director Name		
Street Address 19 Nolbeth Drive			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1,000	Common	- 0 -	
11. 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. 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.					
Name of Authorized Representative Missak Adjarian					Date 12/27/17
Signature of Authorized Representative 					FILED
SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 SIGN DOCUMENT HERE
 JAN 02 2018
 12:18 BY 320895