

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

2018

RECEIVED SECRETARY OF STAFEP CORPORATIONS DIV

2018 JAN -2 PM 12: 16

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25,00 fe	ee it form is not fil	led by April 1.					
1. Entity ID Number	2. Exact name of the Corporation						
001046590	382 Kental Cars Inc						
3. Principal Office Address	1. 1	n	City /	7 1 1	State	Zip	
382 Prawtu		AVC	PAW	tucket	RI	02860	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
532111	(1)						
5. State of Incorporation	Kental Cars						
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name MISSAK Andjarian			Vice-President Name Misspk Andinrian				
Street Address 19 Nolbeth Drive			Street Address 19 Do 16 th				
CityWArnich	State RI	Zip 02888		wick	State R.I	28288	
Secretary Name Nissalc Andiarian			Missall Andiarian				
Street Address 19 No 1 bei				Street Address 19 No/beth Drive			
Warwich	State	2ip 02888	City WA	vwick.	State RJ	Zip 2288	
8. List ALL directors (names and ac	Idresses)			Check th	ne box to indica	ite an attachment	
Director Name Missalc Andiarian Director Name							
Street Address 19 Nolbeth Drive			Street Address				
City Warwick	State $\mathcal{K}\mathcal{I}$	02888	City		State	Zip	
Director Name			Director Name	Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	:d	Check th	ne box to indica	ite an attachment	
		NUMBER OF SH					
		1000		Common	<u> </u>	_ 0-	
Changes require an additional filing.		'					
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 Andjarian 12/27/17							
Signature of Authorized Representative SIGN DOCUMENT HERE							
- Comment of the Comm			JAN	0 2 2018			
MAIL TO: Division of Business Services		19119	~ · · · · ·	1000			
MAÎL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615							

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017