



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN -2 PM 12:16

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	City Warwick	State RI
Zip 02888		Zip 02888	
Secretary Name Missak Adjarian		Treasurer Name Missak Adjarian	
Street Address 19 Nolbeth Drive		Street Address 19 Nolbeth Drive	
City Warwick	State RI	City Warwick	State RI
Zip 02888		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	City	State
Zip 02888		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1,000	CLASS/SERIES Common
		PAR VALUE - 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 		SIGN DOCUMENT HERE FILED	

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BY

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