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(FR)	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE MP
CORPORATIONS DIV

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25,00 fe	e it form is not til	led by April 1.						
1, Entity ID Number	2. Exact name of	Hhe Corporation						
001046590	382 F	Kental (Ars -	Inc				
3. Principal Office Address	1 1	Λ	City	, , ,	State	Zip		
382 PAWtu	cket	AVC	PAW	itucket	RI	02860		
4. NAICS Code	Brief description	on of the character	of business c	conducted in Rhode Is	land			
332111	Rental Cars							
5. State of Incorporation	KCNINI CHI							
KI		•						
7. List ALL officers (names and add	resses)			Check t	he box to indica	ite an attachment		
President Name MISSAL NO	AISSAK ANDIBRIAN			Vice-President Name Misspk Andinrian				
Street Address 19 No18	1/11/2	rive	Street Address		J			
City WArwich	State & I	2ip 02888	City WAY	wick	State R.I	2828 P8		
Secretary Name ///SSN/L And	Treasyger Name				iarian			
Street Address 19 No 1bet	2 Driv	18	Street Address		Drive			
wirwich.	State	02888	City WA	rwick	State RJ	Zip 288		
8. List ALL directors (names and ad	dresses)			Check	the box to indica	ite an attachment 🔲		
Director Name Missale Andinrian Dire				Director Name				
Street Address 19 Nolbeth Drive			Street Address					
City Warwick	State $\mathcal{L}\mathcal{I}$	Zip 02888	City		State	Zip		
Director Name	· · · · · · · · · · · · · · · · · ·	Director Name	Director Name					
Street Address 5				Street Address				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issue	d	Check t	he box to indica	ite an attachment		
This information is currently of recor	d in the	NUMBER OF SH		CLASS/SERIES		PAR VALUE		
Department of State.		1000		commor	,	0 -		
Changes require an additional filing.		7,000		Commor	-			
11. This report must be avon ted as	hoholf of the see	posation by an all all		andative If the server				
 This report must be executed or trustee, this report must be execute 	i benail of the cor d on behalf of the	poration by the	nonzeu repres Freceiver or tr	sentative, ii the corpol rustee	adon is in the h	ands of a receiver or		
					panying sched	ules and		
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 Missale Andinrian Date 12/27/17								
Signature of Authorized Representative V								
SIGN DOCUMENT HERE FILED								
190		, , ,			· 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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