



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: 2018  
 Corporation

2018 AUG 24 AM 10:52

- 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 <u>1672302</u>		2. Exact name of the Corporation <u>ONE STOP AUTO RENTAL INC.</u>			
3. Principal Office Address <u>279 DEXTER ST.</u>		City <u>PROV.</u>	State <u>RI</u>	Zip <u>02907</u>	
4. NAICS Code <u>532111</u>		6. Brief description of the character of business conducted in Rhode Island <u>AUTO RENTAL</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>NORMAN REISCH</u>		Vice-President Name			
Street Address <u>279 DEXTER ST.</u>		Street Address			
City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>0</u>			
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. <b>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.</b>					
Name of Authorized Representative <u>Leo Wood</u>				Date <u>08/24/18</u>	
Signature of Authorized Representative 				<b>FILED</b> 10:52	

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

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BY ML HFWP3