

Annual Report for the year: 2018 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

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A CAR ID NUMBER	I a		- 4 1 1 1 1 4 4 A - A		\/ \-/ \-			
1, Entity ID Number		2. Exact name of the Limited Liability Company						
001672810	CITT	CITI RENTALS LLC						
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island						
53211	RENTAL	RENTAL CARS						
5. State of Formation								
RI	Ì							
6. Principal Office Address			City	State	Zip			
4 BUTLER AV			CENTRAL FALLS	RI	02863			
7. Mailing Address of Limited I		any and Name o	r Title of Contact Person					
Contact Name DIANA MORENO			Contact Title PRESIDENT	Contact Title PRESIDENT				
Street Address 14 BUTLER AV			City CENTRAL FALLS	State RI	^{Zip} 02863			
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST	WEMBERS			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zıp	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address					
Crty	State	Zip	City	State	Zıp			
				Check the box to i	ndicate an attachment			
9. Resident Agent in Rhode Is	land. This inforr	nation is currently	of record with the Department of State.	Changes require filir	ng Form 642.			
Under penalty of perjury, I d statements, and that all stat			examined this report, including a true and correct.	ny accompanyin	g schedules and			
Name of Authorized Person				Date				
DIANA MORENO				11/26/2018				
Signature of Authorized Person	n	SIG	N 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