

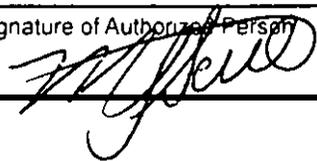


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

SECRETARY OF STATE
 CORPORATE SERVICES
 2019 JUN -7 AM 10:38

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.

1 Entity ID Number 528614		2 Exact name of the Limited Liability Company STATE AUTO RENTAL & LEASING, LLC					
3 NAICS Code 532111		4 Brief description of the character of business conducted in Rhode Island AUTO RENTAL SALES & LEASING					
5. State of Formation RHODE ISLAND							
6. Principal Office Address 380 VALLEY STREET				City PROVIDENCE		State RI	Zip 02908
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name MICHAEL SALVATORE				Contact Title			
Street Address 713 ACADEMY AVENUE				City PROVIDENCE		State RI	Zip 02908
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Check the box to indicate an attachment <input type="checkbox"/>							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
<i>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.</i>							
Name of Authorized Person MICHAEL J. SALVATORE						Date 06/07/2019	
Signature of Authorized Person 							

MAIL TO:
 Division of Business Services
 148 W. River Street Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JUN 07 2019

BY J6LXA.
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FORM 632 - Revised: 10/2017