



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

SECRETARY OF STATE
CORPORATIONS DIV.
2019 JUN -7 AM 10:38

Annual Report for the year: 2015

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 **T6RKA**
A.A. 10:41 A.M.