



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

Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED
STAMP**
JAN 21 2020
FOR
TAX OF STATE
SEAL

BY 7217

1. Entity ID Number 31856		2. Exact name of the Corporation INDEPENDENT AUTO RENTAL & LEASING, INC.									
3. Principal Office Address 379 Roosevelt Avenue			City Pawtucket	State RI	Zip 02860						
4. NAICS Code 532111	6. Brief description of the character of business conducted in Rhode Island Rent and lease motor vehicles										
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Thomas P. Dunn			Vice-President Name None								
Street Address 379 Roosevelt Avenue			Street Address								
City Pawtucket	State RI	Zip 02860	City	State	Zip						
Secretary Name Thomas P. Dunn			Treasurer Name Thomas P. Dunn								
Street Address 379 Roosevelt Avenue			Street Address 379 Roosevelt Avenue								
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Thomas P. Dunn			Director Name None								
Street Address 379 Roosevelt Avenue			Street Address								
City Pawtucket	State RI	Zip 02860	City	State	Zip						
Director Name None			Director Name None								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value
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100	Common	No Par Value									
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. <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 Representative Thomas P. Dunn				Date 1/21/20							
Signature of Authorized Representative <i>Thomas P. Dunn</i>			SIGN DOCUMENT HERE								