



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 THE STATE OF RHODE ISLAND  
 BY [Signature]

1. Entity ID Number <b>31856</b>		2. Exact name of the Corporation <b>INDEPENDENT AUTO RENTAL &amp; LEASING, INC.</b>			
3. Principal Office Address <b>379 Roosevelt Avenue</b>		City <b>Pawtucket</b>		State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>532111</b>		6. Brief description of the character of business conducted in Rhode Island <b>Rent and lease motor vehicles</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Thomas P. Dunn</b>			Vice-President Name <b>None</b>		
Street Address <b>379 Roosevelt Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Secretary Name <b>Thomas P. Dunn</b>			Treasurer Name <b>Thomas P. Dunn</b>		
Street Address <b>379 Roosevelt Avenue</b>			Street Address <b>379 Roosevelt Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Thomas P. Dunn</b>			Director Name <b>None</b>		
Street Address <b>379 Roosevelt Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
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
			100		Common
					PAR VALUE
					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 <b>Thomas P. Dunn</b>				Date <b>1/1/20</b>	
Signature of Authorized Representative <u>[Signature]</u>			SIGN 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