State of Rhode Island
Department of State - Business Services Division

FILED
NOV 02 2021
BY

Annual Report for the year: 2021
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	2. Exact name of the Limited Liability Company
001703680	A CAR RENTAL COMPANY, LLC
3. NAICS Code: 532111	4. Brief description of the character of business conducted in Rhode Island: To own and operate a property maintenance company and do all things incidental thereto.
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
420 Mendon Road	Cumberland	RI	02864

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Charles Lombardi	Member		
Street Address	**City**	**State**	**Zip**
420 Mendon Road	Cumberland	RI	02864

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 ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

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.

Name of Authorized Person	Date
Charles Lombardi	10/20/21

Signature of Authorized Person

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov