RI SOS Filing Number: 202105341970 Date: 11/24/2021 2:31:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2021

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
001680413	ISLAND RENTALS INC

3. Principal Office Address	City	State	Zip
130 CHAPEL ST	BLOCK ISLAND	RI	02807

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
532111	CAR RENTALS
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JOHN LEONE			Vice-President Name: ALDO LEONE		
Street Address: PO BOX 129			Street Address: 130 CHAPEL ST		
City: BLOCK ISLAND	State: RI	Zip: 02807	City: BLOCK ISLAND	State: RI	Zip: 02807
Secretary Name: ROBERT LEONE			Treasurer Name: JOHN LEONE		
Street Address: 130 CHAPEL ST			Street Address: PO BOX 129		
City: BLOOK ISLAND	State: RI	Zip: 02807	City: BLOCK ISLAND	State: RI	Zip: 02802

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: JOHN LEONE			Director Name:		
Street Address: PO BOX 129			Street Address:		
City: BLOCK ISLAND	State: RI	Zip: 02807	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	NO PAR

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.

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 Representative	Date
JOHN LEONE	11/17/2021

Signature of Authorized Representative: John Leone

FILED
NOV 24 2021
BY Ca 2JmY1
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020