



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED 1P

APR 05 2022 FCR

BY

1. Entity ID Number 001672275		2. Exact name of the Corporation Quality Auto Rentals, Inc.			
3. Principal Office Address 224 Chalkstone Avenue			City Providence	State RI	Zip 02908
4. NAICS Code 532111	6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE RENTAL				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOAO M. REGO			Vice-President Name MARIA R. REGO		
Street Address 224 Chalkstone Avenue			Street Address 224 Chalkstone Avenue		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name MARIA R. REGO			Treasurer Name MARIA R. REGO		
Street Address 224 Chalkstone Avenue			Street Address 224 Chalkstone Avenue		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARIA R. REGO			Director Name JOAO M. REGO		
Street Address 224 Chalkstone Avenue			Street Address 224 Chalkstone Avenue		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			200	COMMON	0.00
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 MARIA R. REGO				Date 2-1-22	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov