



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 JAN 23 P 2:15

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>RI</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/STRLS	PAR VALUE	
		<b>100</b>	<b>Common</b>	<b>No Par Value</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Thomas P. Dunn</b>				Date <b>1/15/23</b>	
Signature of Authorized Representative <i>Thomas P. Dunn</i>				<b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
**JAN 23 2023**  
**BY ML 442 FP**