RI SOS Filing Number: 202342071380 Date: 10/5/2023 12:13:00 PM

State of Rhode Island Department of St	ate - Busine	ss Services D	ivision		Ŕ,	Pa 1	
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.					5/	DEPTEINE	
			ivision R.I. DEPCEIVED OUS STOFED OUT S DIATE				
1. Entity ID Number 001728262	2. Exact name Edge Aut	of the Corporation			_	8.11	
3. Principal Office Address 460 Kingsland Avenue			City Brooklyn		State NY	Zip 11222	
4. NAICS Code 532111 5. State of Incorporation New York	6. Brief descrip	6. Brief description of the character of business conducted in Rhode Island car rental					
7. List ALL officers (names and a	ddresses)				the box to it	ndicate an attachment 🗵	
President Name Rudolph Calle	Vice-President Name William Harris						
Street Address 460 Kingsland Avenue			Street Address 460 Kingsland Avenue				
^{City} Brooklyn	State NY	^{Zip} 11222	City Brookl		State NY	Y Zip 11222	
Secretary Name Nicholas Day			Treasurer Name William Harris				
Street Address 2 Hudson Pl.,	Street Address 460 Kingsland Avenue						
^{City} Hoboken	State NJ	^{Zip} 07030	^{City} Brooklyn		State N	Y Zip 11222	
8. List ALL directors (names and	addresses)			Check	the box to i	ndicate an attachment	
Director Name Rudolph Callegari			Director Name William Harris				
Street Address 460 Kingsland Avenue			Street Address 460 Kingsland Avenue				
^{City} Brooklyn	Stale NY	^{Žip} 11222	^{Cily} Brooklyn		State N'	Y Zip 11222	
Director Name Paul Horn			Director Name				
Street Address 460 Kingsland	Street Address						
City Brooklyn	State NY	^{Žip} 11222	City	.=	State	Zıp	
Shares Authorized This Information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued NUMBER OF SHARES CLA		Check the box to indicate an attachment SSERIES PAR VALUE		
		100,000		none n		no par value	
11. This report must be executed trustee, this report must be execu					oration is in	the hands of a receiver o	
Under penalty of perjury, I deci	lare and affirm th	at I have examine	d this report, i		mpanying s	chedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date		
Mahendra Hariraj				4/19/2023			
Signature of Authorized Represe	ntative			FILE	D 		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY ML FA971

FORM 630 - Revised: 11/2021

12:13

Attachment to Annual Report for the Year of 2023 EDGE AUTO INC.

Entity ID number 001728262

7. Officer (s):

Mahendra Hariraj, Vice-President of Finance & Corporate Controller Address at 460 Kingsland Ave, Brooklyn, NY 11222