

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year:	
Limited Liability Company	

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

1. Entity ID Number	2. Exact name of the Limited Liability Company			
1677443	GOID Star Auto + truck Rental LCC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
532111	Rentals cars AND TRUCKS			
5. State of Formation				
RI				
6. Principal Office Address	•	City	State Zip	
53 Green	ille sue	Johnston	RI 02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Contact Title				
Contact Name Contact Title Pars Street Address City State Zip				
Street Address	/	City	State Zip C2 9/9	
53 speenul	4 Ave	Johnston	107 00919	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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	
DENAIS (Joldberger		3-6.2024		
Signature of Authorized Person				

M3 FILED (22) MAR - 6 2024 BY_/CHW

MAIL TO:

Division of Business Services

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