



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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

MAR 25 2024

BY SW HCX

1. Entity ID Number 000700312		2. Exact name of the Corporation Alert Auto Group, Inc.			
3. Principal Office Address 308 Hopkins Hill Rd			City Coventry	State RI	Zip 02816
4. NAICS Code 532111		6. Brief description of the character of business conducted in Rhode Island Auto Rental			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Olga Downes			Vice-President Name Olga Downes		
Street Address 651 Narragansett Pky			Street Address 651 Narragansett Pky		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Olga Downes			Treasurer Name Olga Downes		
Street Address 651 Narragansett Pky			Street Address 651 Narragansett Pky		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
		1000		100	
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 Olga Downes				Date 03/20/2024	
Signature of Authorized Representative 					

MAIL TO:
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