



State of Rhode Island
Department of State - Business Services Division

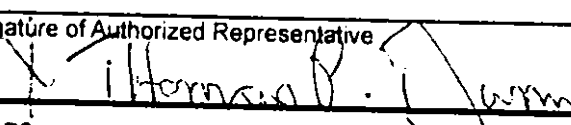
Annual Report for the year: 2024
Corporation

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

FILED

APR 02 2024

BBY WLY

1. Entity ID Number 31856		2. Exact name of the Corporation INDEPENDENT AUTO RENTAL & LEASING, INC.			
3. Principal Office Address 379 Roosevelt Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 532111		6. Brief description of the character of business conducted in Rhode Island Rent and Lease Motor Vehicles			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas P. Dunn			Vice-President Name None		
Street Address 379 Roosevelt Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Thomas P. Dunn			Treasurer Name Thomas P. Dunn		
Street Address 379 Roosevelt Avenue			Street Address 379 Roosevelt Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas P. Dunn			Director Name None		
Street Address 379 Roosevelt Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name None			Director Name None		
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	
		100		Common	
				No Par Value	
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. <i>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.</i>					
Name of Authorized Representative Thomas P. Dunn				Date 3/15/24	
Signature of Authorized Representative 					

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