

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 **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.

APR 3 0 2024

1. Entity ID Number	2 5				
Number	2. Exact name of the Limited Liability Company				
1-1703069	A Car Rental Company, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
532111	To own and operate a car rental company and do all things incidental thereto.				
E State of Formation					
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
420 Mendon Road		Cumberland	RI	02864	
7. Mailing Address of Limited Lia	ability Company and Name or Title	e of Contact Person	1		
Contact Name Charles Lombardi		Contact Title Member			
Street Address 420 Mendon Road		City Cumberland	State RI	^{Z_ip} 02864	
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 /// 7/		
Charles Lombardi			4/1/1/24		
Signature of Authorized Person	2ln		,	,	

MAIL TO:

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