



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 001751675		2. Exact name of the Corporation Pronto Auto Rental & Sales Corporation			
3. Principal Office Address 92 Jefferson Blvd			City Warwick	State RI	Zip 02888
4. NAICS Code 532111		6. Brief description of the character of business conducted in Rhode Island Vehicle Rental Company			
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 Francisco Cabreja			Vice-President Name Charany Seth		
Street Address 186 Calla St			Street Address 186 Calla St		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name none			Treasurer Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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	PAR VALUE
		none	none	none	
		none	none	none	
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 Francisco Careja				Date 12/28/24	
Signature of Authorized Representative <i>Francisco Careja</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED 1106

JAN 10 2025

BY

PBZSG

FORM 630- Revised: 12/2023