



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.

FILED

APR 14 2025

BY

JL
2680

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 ☐					
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 ☐					
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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					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.					
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 Thomas P. Dunn					Date 4/3/25
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

FORM 630 - Revised: 11/2021