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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

****In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
82063	P.E. Atlanta Leasing Company, Inc.			
3. Street Address Principal Business Office		City	State	Zip
2745 Tower Hill Road		Saunderstown	RI	02874
4. Business Phone No.	5. State of Incorporation			
(401) 267-0009	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
To purchase, own and lease Tangible equipment and lease hold property

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
John Ledoux	1006 Charles Street	No. Providence	RI	02904
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Lois Maraia	2745 Tower Hill Road	Saunderstown	RI	02874
Secretary Name	**Street Address**	**City**	**State**	**Zip**
John Ledoux	1006 Charles Street	No. Providence	RI	02904
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Frank Melucci	151 Broadway	Providence	RI	02903

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
John Ledoux	1006 Charles Street	No. Providence	RI	02904
Director Name	**Street Address**	**City**	**State**	**Zip**
Frank DiBiase	151 Broadway	Providence	RI	02903
Director Name	**Street Address**	**City**	**State**	**Zip**
Frank Melucci	151 Broadway	Providence	RI	02903
Director Name	**Street Address**	**City**	**State**	**Zip**
Lois Maraia	2745 Tower Hill Road	Saunderstown	RI	02874

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	Comm	$.01 PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
4000	Common	$.01 Par
	THIS SECTION MUST BE COMPLETED	

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.

[redacted]

[redacted]

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.

Lois Maraia 3-28-08
Signature *Date*

Lois Maraia
Print or Type Name

[redacted] Vice President
Title

File Date FILED
Check No. MAR 31 2008
By: By 785
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