

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

2009

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(e)d) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 67183	2. Name of Corporation  Dean Leasing Corporation						
3. Street Address Principal Business O 60 Industrial Drive	ffice		<sup>City</sup> Cumberland	State RI	<sup>Zip</sup> 02864		
4. Business Phone No. 5. State of Incorporation 401-723-9566 Rhode Island							
6. Brief Description of the Character of To lease equipment	f Business Conducted in R	bode Island					
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN S	PACES BEFORE USING	ATTACHMENTS		
President Name			Vice President Name				
Bradford A. Dean			None				
Street Address 16 Jasons Grant Drive			Street Address				
Cuy Cumberland	State RI	<sup>Zip</sup> 02864	Cüy	State	Zip		
Secretary Name Bradford A. Dean			Treasurer Name Bradford A. Dean				
Street Address 16 Jasons Grant Drive			Street Address 16 Jasons Grant Drive				
City: Cumberland	State RI	<sup>Zip</sup> 02864	City Cumberland	State RI	<sup>Zip</sup> 02864		
8. NAMES AND ADDRESSES	OF THE DIRECTOR:	: ("X" BOX FOR ATT	ACHMENT) 🔲 FILL IN	SPACES BEFORE USIN	g autachments		
Director Name None		- A. Carrier 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Director Name	TTO TO TO TO THE TOTAL OF THE TO			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name	1	A	Director Name				
Street Address			Street Address				
City	State	Ζip	Clty	State	Zip		
9. SHARES AUTHORIZED			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	CX' BOX FOR ATTAC	Company of the second s		
			ISSUED SHARES — THIS SEC				
This information is currently			Number of Shares	Class/Series	Par Value		
State. Changes require an adinstruction sheet.	ditional filing. See S	ection 9 of	100	Common	\$1.00 DATE OF THE OF TH		
			THIS SEC	TON WUSERS			
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the co	prporation is in the hand	s of a receiver or trustee,		

this report must be executed on behalf of the corporation by the receiver or trustee.

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Under penalty of perjury, I declare and	d affirm that I have o	examined this report
including any accompanying schedule		d that all statements
contained herein are true and correct.		
BRUKES	Iran)	1.24.09
Signature	Date	
Bradford A. Dean		
Print or Type Name		

President