



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 2010

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. 9889		2. Name of Corporation DOT LEASING, INC.			
3. Street Address Principal Business Office 300 WAMPANOAG TRAIL			City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. 401 435 4200		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TRANSPORTATION BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT A. MEGA			Vice President Name WILLIAM A. MEGA		
Street Address 146 DOOR AVENUE			Street Address 146 DOOR AVENUE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name WILLIAM A. MEGA			Treasurer Name ROBERT A. MEGA		
Street Address 146 DOOR AVENUE			Street Address 146 DOOR AVENUE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value NO PAR VALUE

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.

FILED	
File Date	FEB 16 2010
Check No.	9V 9599
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Robert A. MEGA Date: 1/8/2010
Print or Type Name: ROBERT A. MEGA
Title: PRESIDENT