

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 ____ 2011

1. Corporate ID No. 36955		2. Name of Corporation G.A.D. LEASING CORP.				
3. Street Address Principal Business Office 23 Clinton Street			City Woonsocket	State RI	<i>Ζφ</i> 02895	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Char Leasing of motor vehicl		cted in Rhode Island				
	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	_ · · ·	CES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Anthony A. Geruso			Maureen J. Myette			
Street Address 286 Sage Trail			Street Address 29 New York Avenue			
^{City} North Kingstown	State RI	^{Zip} 02852	City Cumberland	State RI	^{Ζφ} 02864	
Secretary Name Maureen J. Myette			Treasurer Name Anthony A. Geruso			
Street Address 29 New York Avenue			Street Address 286 Sage Trail			
^{City} Cumberland	State RI	^{Zip} 02864	City North Kinsgtown	State RI	^{Zip} 02852	
8. NAMES AND ADDRES	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT	ACHMENT) [FILL IN S	PACES BEFORE USIN	NG ATTACHMENTS	
Director Name Anthony A. Geruso			Anthony T. Geruso			
Street Address			Street Address			
286 Sage Trail	· · · · · · · · · · · · · · · · · · ·		262 Anawan Raod			
City	State	Zip	City	State	Zip	
North Kingstown Director Name	RI	02852	Rehoboth	MA	02769	
Maureen J. Myette			Director Name Gregory M. Geruso			
Street Address			Street Address			
29 New York Avenue			286 Sage Trail			
City	State	Zip	City	State	Zip	
Cumberland	RI	02864	North Kingstown	RI	02852	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
					1.	
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.			Number of Shares	Class/Series	Par Value	
			1000		none	
			1000 common no par	valı		
		he corporation by an authorizene corporation by the receiver		poration is in the hand	ds of a receiver or trus	
		F				
			Under penalty of peri	ury I declare and affirm	that I have examined thi	
6741	rn_				tatements, and that all sta	
			contained herein are		2/201	

	FILED
File Date	
Check No.	MAR 02 2011
Ву: ВУ	1069
FO	R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and all	
including any accompanying schedules a	nd statements, and that all statements
contained herein are true and correct.	2/25/
Anihor Ety	125/1i
Signature /	Date
Anthony A. Geruso	
Print or Type Name	
President	
Title	