

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 2012

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)) is

subject to a penalty fee of \$25.00.	1		, ya yangi iga		
1. Corporate ID No. 19181	2. Name of Corporation Imperatore Equipment Leasing, Inc.				
3. Street Address Principal Business Office 2700 PLAINFIELD PIKE			CRANSTON	State RI	^{Zip} 02920
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
DESIGNING AND ERECTIN	GSTEEL ERECTO	ode Island RS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name EDWARD J. IMPERATORE			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name NONE		
Street Address 2700 PLAINFIELD PIKE			Street Address		
CRANSTON	State RI	^{Zip} 02920	City	State	至
Secretary Name A. MICHAEL ACCIARDO III			Treasurer Name ANNE J. IMPERATORE		
Street Address 7 WHITE BIRCH ROAD			Street Address 64 ORCHARD DRIVE		
CRANSTON	State RI	^{Zip} 02920	City CRANSTON	State RI	^{Zip} 0292 9
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name FELICIA IMPERATORE			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name ANNE ELIZABETH IMPERATORE		
Street Address 250 EAST 57TH STREET, APT. 7G			Street Address 30 SHERWOOD DRIVE		
City NEW YORK	State NY	Zip 10022	City HOPE	State RI	Zip 02831
Director Name MELODY IMPERATORE ACCIARDO			Director Name ANGELA HILLIARD		
Street Address 7 WHITE BIRCH ROAD			Street Address 36 HIGH GATE ROAD		
CRANSTON	State RI	^{Zip} 02920	Cthy CRANSTON	State RI	^{Zip} 02920
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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
			96	соммон	NO PAR VALUE
·					
This report must be executed this report must be executed or				ttion is in the hands of a	receiver or trustee,

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File Date	FILEDC
Check No	JAN 18 2012
By:	a 160915
FOR S	ECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that including any accompanying schedules and statem	
contained herein are true and correct. Allum A MPena toro	1/11/2/12
Signature	Date
EDWARD J. IMPERATORE	
Print or Type Name	
PRESIDENT	
Title	•