



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>37597</b>		2. Exact name of the Corporation <b>PROVENCE LEASING INC</b>		
3. Principal office address <b>CHURCH ST. WHAUF</b>		City <b>BRISTOL</b>	State <b>R.I.</b>	Zip <b>02809</b>
4. Business Phone No. <b>401-253-9808</b>		5. State of Incorporation <b>R.I.</b>		
6. Brief description of the character of business conducted in Rhode Island <b>LEASE OF BOATS + PROPERTY OWNERSHIP</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Bruce G. Mealey</b>		Vice-President Name <b>HARRY CHURCH</b>		
Street Address <b>300 CHURCH ST. WHAUF</b>		Street Address <b>CHURCH ST. WHAUF</b>		
City <b>BRISTOL</b>	State <b>R.I.</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>R.I.</b>
Secretary Name <b>HARRY CHURCH</b>		Treasurer Name <b>Bruce G. Mealey</b>		
Street Address <b>CHURCH ST. WHAUF</b>		Street Address <b>CHURCH ST. WHAUF</b>		
City <b>BRISTOL</b>	State <b>R.I.</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>R.I.</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<b>200</b>	<b>COMMON</b>	<b>0</b>

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 SECRETARY OF STATE  
 CORPORATION DIV  
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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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED**  
**MAR 27 2012**  
 By MRC

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 of Authorized Representative: [Signature] Date: 3/25/12

FOR SECRETARY OF STATE USE ONLY

CH # 1072

Print or Type Name of Authorized Representative: Bruce G. Mealey