



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>122265</b>		2. Exact name of the Corporation <b>The Edart Truck Leasing Corporation</b>			
3. Principal office address <b>3 Barnard Lane, Floor 2, Suites 307 &amp; 308</b>		City <b>Bloomfield</b>		State <b>CT</b>	Zip <b>06002</b>
4. Business Phone No. <b>860-986-7145</b>		5. State of Incorporation <b>Connecticut</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Rental, leasing &amp; servicing of motor vehicles</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>E. Mark Siegal</b>		Vice-President Name <b>Barry L. Siegal</b>			
Street Address <b>33 Mountain Farms Road</b>		Street Address <b>251 King Philip Drive</b>			
City <b>West Hartford</b>	State <b>CT</b>	Zip <b>06117</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip <b>06117</b>
Secretary Name <b>Barry L. Siegal</b>		Treasurer Name <b>Howard J. Siegal</b>			
Street Address <b>251 King Philip Drive</b>		Street Address <b>65 Bath Crescent Lane</b>			
City <b>West Hartford</b>	State <b>CT</b>	Zip <b>06117</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip <b>06002</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>E. Mark Siegal</b>		Director Name <b>Barry L. Siegal</b>			
Street Address <b>33 Mountain Farms Road</b>		Street Address <b>251 King Philip Drive</b>			
City <b>West Hartford</b>	State <b>CT</b>	Zip <b>06117</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip <b>06117</b>
Director Name <b>Howard J. Siegal</b>		Director Name			
Street Address <b>65 Bath Crescent Lane</b>		Street Address			
City <b>Bloomfield</b>	State <b>CT</b>	Zip <b>06002</b>	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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1200	common	none	

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: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

APR 02 2012

BY 167016

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.

FILED

Signature of Authorized Representative

Barry L. Siegal, Vice President

Print or Type Name of Authorized Representative

03/29/2012

Date