



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 **2013**

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. 000022429		2. Exact name of the Corporation THE COMMONWEALTH PLAN, INC.			
3. Principal office address 450 Mamaroneck Ave.		City Harrison	State NY	Zip 10528	
4. Business Phone No. 813-604-8115		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island Equipment leasing and financing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Michael Guberman		Vice-President Name Lisa A. Hoffman			
Street Address 4000 Regent Blvd.		Street Address 3800 Citigroup Center Dr			
City Irving	State TX	Zip 75063	City Tampa	State FL	Zip 33610
Secretary Name Eugene D. Lyles, Jr.		Treasurer Name James E. Jenkins, Jr.			
Street Address 1001 West Villa Maria		Street Address 4000 Regent Blvd.			
City Bryan	State TX	Zip 77801	City Irving	State TX	Zip 75063
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name James E. Jenkins, Jr.		Director Name Thomas Grieco			
Street Address 4000 Regent Blvd.		Street Address 750 Washington Blvd.			
City Irving	State TX	Zip 75063	City Stamford	State CT	Zip 06901
Director Name Michael Guberman		Director Name NONE			
Street Address 4000 Regent Blvd.		Street Address			
City Irving	State TX	Zip 75063	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			1,000	Common	0.00

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

FILED

JAN 24 2013

By MMC

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.

Lisa A. Hoffman
Signature of Authorized Representative

1-22-13
Date

Lisa A. Hoffman

Print or Type Name of Authorized Representative

CR# 5113434218