



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 2014

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. 505641		2. Exact name of the Corporation LORENZO LEASING CORP.			
3. Principal office address 118 North Main Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-274-2221		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To purchase, manage, lease and sell property.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Modesto A. Lorenzo			Vice-President Name Angela M. Bay		
Street Address 118 North Main Street			Street Address 118 North Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Angela M. Bay			Treasurer Name Angela M. Bay		
Street Address 118 North Main Street			Street Address 118 North Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Modesto A. Lorenzo			Director Name Angela M. Bay		
Street Address 118 North Main Street			Street Address 118 North Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	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
			200	common	100

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

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.

02/04/2014

Signature of Authorized Representative

Date

Angela M. Bay
 Print or Type Name of Authorized Representative

FILED

FEB 18 2014

BY MA 5832