



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 **2015**

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. 94418		2. Exact name of the Corporation Financial Rentals, Inc.			
3. Principal office address 23 Gilcrest Drive			City West Warwick	State RI	Zip 02893
4. Business Phone No. 401-946-2157			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To lease and obtain leases for machinery used in the credit card industry					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David B. Allen			Vice-President Name Nancy M. Allen		
Street Address 23 Gilcrest Drive			Street Address 23 Gilcrest Drive		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name David B. Allen			Treasurer Name Nancy M. Allen		
Street Address 23 Gilcrest Drive			Street Address 23 Gilcrest Drive		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David B. Allen			Director Name		
Street Address 23 Gilcrest Drive			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Director Name			Director Name		
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	No Par Value

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 20 2015
 6404

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: *David B. Allen*
 Date: *1/13/15*
David B. Allen
 Print or Type Name of Authorized Representative