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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.	2. Exact name of the Corporation		
000037597	PRUDENCE LEASING INC		
3. Principal office address: 300 WEST MAIN ROAD	City: PORTSMOUTH	State: R.I.	Zip: 02871
4. Business Phone No.: 401-683-0593	5. State of Incorporation: R.I.		
6. Brief description of the character of business conducted in Rhode Island: LEASE BOATS & PROPERTY			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: BRUCE MEDLEY			Vice-President Name: BRUCE MEDLEY		
Street Address: 300 W. MAIN			Street Address: 300 W. MAIN		
City: PORTSMOUTH	State: R.I.	Zip: 02871	City: PORTSMOUTH	State: R.I.	Zip: 02871
Secretary Name: BRUCE MEDLEY			Treasurer Name: BRUCE MEDLEY		
Street Address: 300 W. MAIN			Street Address: 300 W. MAIN		
City: PORTSMOUTH	State: R.I.	Zip: 02871	City: PORTSMOUTH	State: R.I	Zip: 02871

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	200	CWP	1.0000

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
JUN 04 2015
BY 280

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 — Date: 5/28/15

BRUCE MEDLEY
Print or Type Name of Authorized Representative

Form No. 630
Revised 09/2012
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