



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 2016

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	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

Form No. 630
Revised: 01/2012

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

FEB 26 2016

BY 6446DS

Signature of Authorized Representative

Angela M. Bay

Print or Type Name of Authorized Representative

02/09/2016

Date