



**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

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>001666142</b>		2. Exact name of the limited liability company <b>MotoLease, LLC</b>	
3. State of Formation <b>Delaware</b>		4. Brief description of the character of business conducted in Rhode Island <b>Leasing of Powersports Vehicles 441228</b>	
5. Principal office address <b>10866 Wilshire Blvd., # 565</b>		City <b>Los Angeles</b>	State <b>CA</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Diana Lugo</b>		Contact Title <b>Legal Compliance Associate</b>	
Street Address <b>5200 W. Century Blvd., # 750</b>		City <b>Los Angeles</b>	State <b>CA</b>
		Zip <b>90045</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Maurice M. Salter</b>		Manager Name <b>Emre Ucer</b>	
Street Address <b>10866 Wilshire Blvd # 565</b>		Street Address <b>10866 Wilshire Bl # 565</b>	
City <b>Los Angeles</b>	State <b>CA</b>	City <b>Los Angeles</b>	State <b>CA</b>
Zip <b>90024</b>		Zip <b>90024</b>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

**FILED**

JAN 28 2019

BY

**D25FQ**

**A.A. 9:09 A.M.**

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.

09/11/2018

Signature of Authorized Person

Date

**Emre Ucer/Managing Member**

Print or Type Name of Authorized Person

File Date

Check No

By:

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