



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
 Corporation

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 BUS SVCS DIV

2020 FEB -3 AM 9:38

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000488182		2. Exact name of the Corporation BUSH TRUCK LEASING INC			
3. Principal Office Address 6961 CINTAS BLVD		City MASON	State OH	Zip 45040	
4. NAICS Code 532120		6. Brief description of the character of business conducted in Rhode Island lease commercial trucks			
5. State of Incorporation OH					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MICHAEL A BUSH			Vice-President Name		
Street Address 6961 CINTAS BLVD			Street Address		
City MASON	State OH	Zip 45040	City	State	Zip
Secretary Name ROBYN N STIRSMAN			Treasurer Name JOSEPH J MATVEY		
Street Address 6961 CINTAS BLVD			Street Address 6961 CINTAS BLVD		
City MASON	State OH	Zip 45040	City MASON	State OH	Zip 45040
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name MICHAEL A BUSH			Director Name		
Street Address 6961 CINTAS BLVD			Street Address		
City MASON	State OH	Zip 45040	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		850		CNP	0
11. 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. <i>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.</i>					
Name of Authorized Representative					Date
					01/31/2020
Signature of Authorized Representative Joseph J. Matvey Vice President & Chief Financial Officer					FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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