



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

Annual Report for the year: 2019  
 Corporation

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

2020 JAN 24 AM 10:21

1. Entity ID Number <b>000488182</b>		2. Exact name of the Corporation <b>BUSH TRUCK LEASING INC</b>			
3. Principal Office Address <b>6961 CINTAS BLVD</b>		City <b>MASON</b>	State <b>OH</b>	Zip <b>45040</b>	
4. NAICS Code <b>532120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Lease commercial trucks</b>			
5. State of Incorporation <b>OH</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>MICHAEL A BUSH</b>		Vice-President Name			
Street Address <b>6961 CINTAS BLVD</b>		Street Address			
City <b>MASON</b>	State <b>OH</b>	Zip <b>45040</b>	City	State	Zip
Secretary Name <b>ROBYN N STIRSMAN</b>		Treasurer Name <b>JOSEPH J MATVEY</b>			
Street Address <b>6961 CINTAS BLVD</b>		Street Address <b>6961 CINTAS BLVD</b>			
City <b>MASON</b>	State <b>OH</b>	Zip <b>45040</b>	City <b>MASON</b>	State <b>OH</b>	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>MICHAEL A BUSH</b>		Director Name			
Street Address <b>6961 CINTAS BLVD</b>		Street Address			
City <b>MASON</b>	State <b>OH</b>	Zip <b>45040</b>	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
		<b>850</b>		<b>CNP</b>	<b>0</b>
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 <b>Joseph J. MATVEY</b>				Date <b>01/23/2020</b>	
Signature of Authorized Representative 				<b>FILED</b>	
SIGN DOCUMENT HERE					
<b>FEB 18 2020</b>					

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

BY 10:22