



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 04 2021

BY

Annual Report for the year: 2021

Corporation

→ 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 52932		2. Exact name of the Corporation SEEKONK LEASING, INC.			
3. Principal Office Address 56 Heritage Road			City Seekonk	State MA	Zip 02771
4. NAICS Code 532111		6. Brief description of the character of business conducted in Rhode Island Motor vehicle leasing business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Edward S. Veader, Jr.			Vice-President Name None		
Street Address 56 Heritage Road			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name June Stuart-Veader			Treasurer Name Edward S. Veader, Jr.		
Street Address 56 Heritage Road			Street Address 56 Heritage Road		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name June Stuart-Veader			Director Name Edward S. Veader, Jr.		
Street Address 56 Heritage Road			Street Address 56 Heritage Road		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		Common
					PAR VALUE
					No Par Value
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. 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.					
Name of Authorized Representative Edward S. Veader, Jr.					Date
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov