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	2. Exact name of the Corporation
52932	SEEKONK LEASING, INC.

3. Principal Office Address	City	State	Zip
56 Heritage Road	Seekonk	MA	02771

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
532111	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	Vice-President Name
Edward S. Veader, Jr.	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	Director Name
June Stuart-Veader	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	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	Date
Edward S. Veader, Jr.	

Signature of Authorized Representative: Edward S. Veader, Jr.

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

FORM 630 - Revised: 08/2020