



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ~~2020~~ 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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

STAMP

FOR

2021 MAY 28 P 1:24

1. Entity ID Number 001685158		2. Exact name of the Corporation Selig Leasing Co Inc			
3. Principal Office Address 2510 S 108th St			City West Allis	State WI	Zip 53227
4. NAICS Code 532111	6. Brief description of the character of business conducted in Rhode Island Vehicle Leasing				
5. State of Incorporation WI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Kent T Boskovich			Vice-President Name		
Street Address 2510 S 108th St			Street Address		
City West Allis	State WI	Zip 53227	City	State	Zip
Secretary Name Wayne R Lueders			Treasurer Name Sari Selig Kramer		
Street Address 777 East Wisconsin Ave			Street Address 2510 S 108th St		
City Milwaukee	State WI	Zip 53202-5306	City West Allis	State WI	Zip 53227
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name Allan H Selig			Director Name		
Street Address 2510 S 108th St			Street Address		
City West Allis	State WI	Zip 53227	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.			Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES 50,000	CLASS/SERIES 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 <i>Kim Czerniencys</i>				Date 5/26/21	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

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

R1200 - 10/16/2018 Walters Kluwer Online

FILED *C*

MAY 28 2021

FORM 630 - Revised: 10/2017

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