State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ~~8-31-20~~ 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.

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BUS SVCS DIV
2021 MAY 28 P 1:24

STAMP FOR

1. Entity ID Number	2. Exact name of the Corporation			
001685158	Selig Leasing Co Inc			
3. Principal Office Address		City	State	Zip
2510 S 108th St		West Allis	WI	53227
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
532111	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 — 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	PAR VALUE
50,000	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: Kim Czemierys — Date: 5/26/21

Signature of Authorized Representative: 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

FILED
MAY 28 2021
BY KMX13
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FORM 630 - Revised: 10/2017

RI200 - 10/16/2018 Wolters Kluwer Online