



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2022  
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

1. Entity ID Number <b>001054707</b>		2. Exact name of the Corporation <b>BAL-MACK LEASING CORP.</b>			
3. Principal Office Address <b>442 Southwest Cutoff</b>		City <b>Worcester</b>		State <b>MA</b>	Zip <b>01604</b>
4. NAICS Code <b>532411</b>		6. Brief description of the character of business conducted in Rhode Island <b>Rental + Leasing</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>STEVEN GRANN</b>			Vice-President Name		
Street Address <b>164 BALDWIN ST</b>			Street Address		
City <b>Leicester</b>	State <b>MA</b>	Zip <b>01524</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>500</b>	<b>CNP</b>	<b>0.0</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. <b>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.</b>					
Name of Authorized Representative <b>Steven Grann</b>				Date <b>1-17-23</b>	
Signature of Authorized Representative 				FILED 1235 <b>JAN 19 2023</b> BY <u>W3 25QMA</u>	

MAIL TO:  
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