



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

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

1. Entity ID Number 52932		2. Exact name of the Corporation SEEKONK LEASING, INC.		2023 JAN 23 P 2: 15										
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 <input type="checkbox"/>														
President Name Edward S. Veader, Jr.		Vice-President Name None												
Street Address 56 Heriage 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 <input type="checkbox"/>														
Director Name Edward S. Veader, Jr.		Director Name June Stuart-Veader												
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 <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
		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 Edward S. Veader, Jr.				Date 1/18/23										
Signature of Authorized Representative 				FILED JAN 23 2023 BY <u>ML TYOFS</u>										