

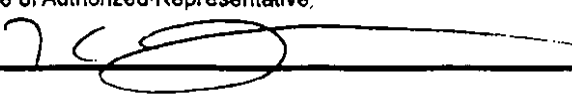


State of Rhode Island
Department of State - Business Services Division

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.

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2023 FEB -1 P 12:25

1. Entity ID Number 000487640		2. Exact name of the Corporation Leasing Associates Finance, Inc.			
3. Principal Office Address 12600 N. Featherwood Drive, Suite 400		City Houston		State TX	Zip 77034
4. NAICS Code 532100		6. Brief description of the character of business conducted in Rhode Island Long Term Lessor of Motor Vehicles			
5. State of Incorporation NV					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark A. Sprague			Vice-President Name Ron D. Jonak		
Street Address 14930 Wilderness Cliff			Street Address 907 W. Viejo		
City Houston	State TX	Zip 77034	City Friendswood	State TX	Zip 77546
Secretary Name Ron D. Jonak			Treasurer Name Mark A. Sprague		
Street Address 907 W. Viejo			Street Address 14930 Wilderness Cliff		
City Friendswood	State TX	Zip 77546	City Houston	State TX	Zip 77034
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark A. Sprague			Director Name		
Street Address 14930 Wilderness Cliff			Street Address		
City Houston	State TX	Zip 77062	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 <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			0		N/A
			PAR VALUE		N/A
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 Karen Tarnigan					Date 12/21/22
Signature of Authorized Representative 					

FILED 1226

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