



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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
2024 JAN 22 A 9:44

1. Entity ID Number 000794351		2. Exact name of the Corporation UNITED LEASING, INC.	
3. Principal Office Address 3700 EAST MORGAN AVENUE		City EVANSVILLE	State IN
		Zip 47715	
4. NAICS Code 532100	6. Brief description of the character of business conducted in Rhode Island VEHICLE AND EQUIPMENT LEASING AND FINANCING		
5. State of Incorporation IN			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RON ROMAIN		Vice-President Name AMY BARRON	
Street Address 3700 E MORGAN AVENUE		Street Address 3700 E MORGAN AVENUE	
City EVANSVILLE	State IN	Zip 47715	City EVANSVILLE
			State IN
			Zip 47715
Secretary Name AMY BARRON		Treasurer Name RON ROMAIN	
Street Address 3700 E MORGAN AVENUE		Street Address 3700 E MORGAN AVENUE	
City EVANSVILLE	State IN	Zip 47715	City EVANSVILLE
			State IN
			Zip 47715
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name RON ROMAIN		Director Name AMY BARRON	
Street Address 3700 E MORGAN AVENUE		Street Address 3700 E MORGAN AVENUE	
City EVANSVILLE	State IN	Zip 47715	City EVANSVILLE
			State IN
			Zip 47715
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State	Zip	City NONE
			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	
		PAR VALUE	
		5,000.00	CNP
		\$0.00	
		495,000.00	CNP
		\$0.00	
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 Amy Barron			Date 1/18/2024
Signature of Authorized Representative 			

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

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FORM 630- Revised: 04/2023

BY ML P2A 86