



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
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 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		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 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY: AML P2A86