



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.

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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	City EVANSVILLE	State IN
Zip 47715		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	City EVANSVILLE	State IN
Zip 47715		Zip 47715	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name RON ROMAIN		Director Name AMY BARRON	
Street Address 3700 E MORGAN AVENUE		Street Address 3700 E MORGAN AVENUE	
City EVANSVILLE	State IN	City EVANSVILLE	State IN
Zip 47715		Zip 47715	
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State	City NONE	State
Zip		Zip	
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		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. <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 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

JAN 22 2024

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BY ML P2A86

FORM 630- Revised: 04/2023