



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.

FILED

FEB 12 2024

BY

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DS

1. Entity ID Number 52932		2. Exact name of the Corporation SEEKONK LEASING, INC.			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 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/SERIALS		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. <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 Edward S. Veader, Jr.					Date 1-16-23
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)