




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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1. Entity ID Number 505641		2. Exact name of the Corporation Lorenzo Leasing Corp.	
3. Principal Office Address 118 North Main St.		City Providence	State RI
		Zip 02903	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island To purchase, manage, lease and sell property		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Angela M Bay		Vice-President Name Modesto A. Lorenzo	
Street Address 118 North Main Street		Street Address 118 North Main Street	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Secretary Name Lance M Bay		Treasurer Name Angela M Bay	
Street Address 118 North Main Street		Street Address 118 North Main Street	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Modesto A Lorenzo		Director Name Angela M Bay	
Street Address 118 North Main Street		Street Address 118 North Main Street	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		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	
		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. <i>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.</i>			
Name of Authorized Representative LANCE BAY			Date 11.13.2024
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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FORM 630- Revised: 12/2023