



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2020

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000505641		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 <i>To purchase, manage, lease and sell property.</i>			
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 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	Zip 02903	City Providence	State RI	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	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	Zip 02903	City Providence	State RI	Zip 02903
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.			NUMBER OF SHARES		CLASS/SERIES
			200		common
			PAR VALUE		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 <i>Lance Bay</i>					Date 11.13.2024
Signature of Authorized Representative <i>[Signature]</i>					<b>FILED</b>

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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*[Signature]*