RI SOS Filing Number: 202461133550 Date: 11/14/2024 2:44:00 PM State of Rhode Island Department of State - Business Services Division Annual Report for the year: 2019 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 2. Exact name of the Corporation Lorenzo Leasing Corp. 505641 3. Principal Office Address State 118 North Main St. Providence RI 02903 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 531390 To purchase, manage, lease and sell property State of Incorporation RI 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Angela M Bay Vice-President Name Modesto A. Lorenzo Street Address 118 North Main Street Street Address 118 North Main Street ^{Zip} 02903 Providence RI Providence RI 02903 Secretary Name Lance M Bay Treasurer Name Angela M Bay Street Address Street Address 118 North Main Street 118 North Main Street City Providence ^{Zip} 02903 State State ^z.p 02903 RΙ Providence 8. List ALL directors (names and addresses) Check the box to indicate an attachment Modesto A Lorenzo Angela M Bay Street Address Street Address 118 North Main Street 118 North Main Street City Providence State ^{Zip} 02903 State Zip 02903 RI RI Providence Director Name None Director Name None Street Address Street Address City State City Zip 10. Shares Issued
NUMBER OF SHARES 9. Shares Authorized Check the box to indicate an attachment This information is currently of record in the CLASS/SERIES Department of State. 200 common no par value Changes require an additional filing. 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

113.2024

Signature of Authorized Representative

FILED

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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