



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 000488073		2. Exact name of the Corporation LEASE PLAN U.S.A., INC.			
3. Principal Office Address 1165 SANCTUARY PKWY		City ALPHARETTA		State GA	Zip 30009
4. NAICS Code 532100		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL VEHICLE FLEET LEASING			
5. State of Incorporation GA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name MATT DYER			Vice-President Name JEREMY GIBLIN		
Street Address 1165 SANCTUARY PKWY			Street Address 1165 SANCTUARY PKWY		
City ALPHARETTA	State GA	Zip 30009	City ALPHARETTA	State GA	Zip 30009
Secretary Name MATTEW PATTERSON			Treasurer Name GREG BLANCK		
Street Address 1165 SANCTUARY PKWY			Street Address 1165 SANCTUARY PKWY		
City ALPHARETTA	State GA	Zip 30009	City ALPHARETTA	State GA	Zip 30009
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name SCOTT ADELSKY			Director Name MATT PATTERSON		
Street Address 1165 SANCTUARY PKWY			Street Address 1165 SANCTUARY PKWY		
City ALPHARETTA	State GA	Zip 30009	City ALPHARETTA	State GA	Zip 30009
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment		
Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			118000		
			COMMON		
			40		
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 JEREMY GIBLIN					Date 2/11/2025
Signature of Authorized Representative 					

FILED 2:14

FEB 19 2025

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

BY GFWTQ