State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Corporation
39842	Lease and Rental Management Corp.

3. Principal Office Address	City	State	Zip
45 Haverhill Street	Andover	MA	01810

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
423110	Motor vehicle leasing and financing
5. State of Incorporation	
Massachusetts	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Robert J. Drew	17 Farmer Road	Windham	NH	03087

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
William P. DeLuca, III	164 Range Road	Windham	NH	03087

Treasurer Name	Street Address	City	State	Zip
Robert J. Drew	17 Farmer Road	Windham	NH	03087

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Kathleen M. DeLuca	21 Farmer Road	Windham	NH	03087

Director Name	Street Address	City	State	Zip
William P. DeLuca, III	164 Range Road	Windham	NH	03087

Director Name	Street Address	City	State	Zip
Robert J. Drew	17 Farmer Road	Winddham	NH	03087

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	None

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	Date
Robert J. Drew	March 17, 2025

Signature of Authorized Representative

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

FILED

FILED APR 28 2025
APR 28 2025 BY 478994
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