



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.

REC'D RIDOS BSD
25 SEP 3 PM 12:48:45

REC'D RIDOS BSD
25 AUG 28 PM 2:36:11

1. Entity ID Number 000126304		2. Exact name of the Corporation Emigrant Business Credit Corporation			
3. Principal Office Address 22 Vanderbilt Avenue		City New York		State NY	Zip 10017
4. NAICS Code 53111		6. Brief description of the character of business conducted in Rhode Island Equipment leasing and financing.			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Christopher Staudt			Vice-President Name		
Street Address 22 Vanderbilt Avenue			Street Address		
City New York	State NY	Zip 10017	City	State	Zip
Secretary Name Jeanine L. McHugh			Treasurer Name		
Street Address 22 Vanderbilt Avenue			Street Address		
City New York	State NY	Zip 10017	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name Francis R. May			Director Name		
Street Address 22 Vanderbilt Avenue			Street Address		
City New York	State NY	Zip 10017	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			1,000		CNP
					PAR VALUE
					0
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 Christopher Staudt					Date 8/15/2025
Signature of Authorized Representative 					

FILED 12:41 P

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

SEP 03 2025



BY H3KFM

FORM 630- Revised: 12/2023