RI SOS Filing Number: 202577991330 Date: 9/3/2025 12:39:00 PM

State of Rhode Island Department of State - Business Services Division				to [T	REC'D PREC'D PREC'D PREC'D PREC'D		
Annual Report for the year Corporation	:2023			3 X) RII		
→ Filing period: February 1 - May 1				3 FM12:49:0	RIDOS BSD 28 PH2:35:		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				49:	35.0		
I. Entity ID Number 2. Exact name of the Corporation				- 23	ã		
000126304	Emigrant Bu	Emigrant Business Credit Corporation					
3. Principal Office Address			City	'		Zip	
22 Vanderbilt Avenue			New Yo		NY	10017	
4. NAICS Code 53111		6. Brief description of the character of business conducted in Rhode Island					
	Equipment le	Equipment leasing and financing.					
State of Incorporation Delaware	i						
				Chas	, the how to indicate o	n attachment	
7. List ALL officers (names and President Name			Vice-Pres	dent Name	the box to indicate a	n attachment	
Christopher Sta	Control Address						
Street Address 22 Vanderbilt Avenue			Street Address				
City New York	State NY	Zip 10017	City		State	Zip	
Secretary Name Jeanine L. McHugh			Treasurer Name				
Stree: Address 22 Vanderbilt Avenue			Street Address				
City New York	State NY	Zip 10017	City	- · · -	State	Zip	
8. List ALL directors (names an	d addresses)		I (Viscotos Ni		k the box to indicate a	n 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 Is This information is currently of record in the							
Department of State.		1,000	1,000 CN		<u> </u>	0	
Changes require an additional filing.			- .	C141			
11. This report must be execute	ed on behalf of the	corporation by an a	authorized rep	resentative. If the	e corporation is in the	hands of a re-	
ceiver or trustee, this report mu Under penalty of perjury, I de	clare and affirm tl	nat I have examin	ed this repo	receiver or trusteert, including any	e. accompanying sche	edules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date		
Christopher Staudt					8/15/2025		
Signature of Authorized Repres	entative				·		
CR-362-			FILED	12:398			

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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