

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

101.222.3040

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR • Filing Fee: \$50.00 Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Name of Corporation 1. Corporate ID No. 92120 OneFed Leasing Corporation 3. Street Address Principal Business Office State ZIp One Financial Plaza Providence RI 02903 4. Business Phone No. 5. State of Incorporation 6. SIC Cixle 401-278-8504 6148 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island ENGAGING IN LENDING AND LEASING TRANSACTIONS. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Douglas H. Bowers Jeffery N. Hayden Street Address Sircel Address ne Financial Plaza One Financial Plaza State Zip Providence 02903 RΙ Providence RI 02903 Secretary Name Treasurer Name C. Scott Stevenson David G. Gauthier Street Address Street Address One Financial Plaza One Financial Plaza *2.* p State ZIp State Providence RI 02903 Providence RI 02903 ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Douglas H. Bowers David G. Gauthier Street Address Street Address One Financial Plaza One Financial Plaza City Zφ State ZID Providence RI 02903 Providence RI ...02903.... Director Name Director Name Jeffery N. Hayden Sinei Address Street Address One Financial Plaza Zip Cin: City State State Zψ Providence RI 02903 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Glass/Series Par Value Class/Series 100 Common 8,000 \$.01 PAR VALUE \$.01 per sh This report must be signed in ink by either the President. Vice President, Secretary, Assistant Secretary, Treasurer, 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 hereinaire true and correct. FILED File Date MAR 1 1 2005 000646148 Signature of Officer C. Scott Stevenson Print or Type Name of Officer

Secretary



Mutthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

Office of the Secretary of State	

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAD	R 2005
Filing Period: January 1 - March 1 • Filing Fee: \$50.00	
(FORM MUST BE TYPED IN BLACK)	
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FORM MUST BE TYPE	b Islanda Cia				
1. Carporate ID No.	2. Name of Corpor				
92120		sing Corporation	_		
3. Street Address Principa	•••		City	State .	Zip
ONE FINANCIAL	PLAZA		PROVIDENCE	RI	02903
4. Business Phone No.		5. State of Incorpore			6. SIC Code
415-622-4656		RHODE ISLA	.ND		6148
	Character of Business Com DING AND LEASING				•
8. NAMES AND ADE	DRESSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING A	TTACHMENTS
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City	401 N TRYON ST		City	401 N TRYON ST	, · -
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Secretary Name		,	Treasurer Name		\ .
C SCOTT STEVEN	SON	1	DAVID W ARDEN		1
Street Address		1	Sireei Address		
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City	State	Zip	City	State	· Φρ
9. NAMES AND ADD		· \	OR ATTACHMENT) 📗 FILL IN		ATTACHMENTS
9. NAMES AND ADE Director Name	DRESSES OF THE DIR	· \	OR ATTACHMENT) FILL IN Director Name	SPACES BEFORE USING	SATTACHMENTS
9. NAMES AND ADE Director Name RONALD H CHAMI	DRESSES OF THE DIR	· \	ORATTACHMENT) ☐ FILL IN Director Name JEFFREY N HAYE	SPACES BEFORE USING	ATTACHMENTS
9. NAMES AND ADE Director Name	DRESSES OF THE DIR	· \	OR ATTACHMENT) FILL IN Director Name	SPACES BEFORE USING	SATTACHMENTS
9. NAMES AND ADE Director Name RONALD H CHAMI Street Address	DRESSES OF THE DIR	· \	ORATTACHMENT) ☐ FILL IN Director Name JEFFREY N HAYE	SPACES BEFORE USING	SATTACHMENTS
9. NAMES AND ADE Director Name RONALD H CHAMI Street Address City	DRESSES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT) FILL IN Director Name JEFFREY N HAYE Sweet Address	SPACES BEFORE USING	
9. NAMES AND ADE Director Name RONALD H CHAMI Sweet Address City Director Name	DRESSES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT) FILAL IN Director Name JEFFREY N HAYE Street Address City	SPACES BEFORE USING	
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9. NAMES AND ADE Director Name RONALD H CHAMI Street Address City Director Name C SCOTT STEVEN Street Address City	DRESSES OF THE DIR State State DRIZED ("X" BOX FOR.	ECTORS ("X" BOX FO	OR ATTACHMENT) FILL IN Director Name JEFFREY N HAYE Street Address City Director Name Street Address City	State	Zip Zip
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date	217/09	<u> </u>
Check No.	64145	10
B _V	DA	
FOR SECRE	TARY OF STATE USE ONL	.Y

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 an	d correct.
Delson D. Algo	1-28-65
Signature of Officer Date	
SUSAN D MAYS	
Print or Type Name of Officer	
Sr. V.P.	
Title of Officer	Form: 630 12 01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

Corporate ID No.	2. Name of Corpo	rition			<u> </u>	
92120	OneFed Le	asing Corporation				
Street Address Principal Bust One Financial P			Cuy Providence	State RI	<i>7.ip</i> 02903	
Business Phone No. 5. State of Incorporation 01–278–8504 RHODE ISLAND					6. SIC Code 6148	
Brief Description of the Chan ENGAGING IN LEN	ncter of Business Conducto DING AND LEASING	d in Rhode Island TRANSACTIONS.				
resident Name		ERS: ("X" BOX FOR A	TTACHMENT) [FILL IN Vice President Name	SPACES BEFORE USIN	NG ATTACHMENTS	
Ronald H. Chami	des	<u></u>	Jeffery N. Hay	den		
ireci Address One Financial P	laza		Street Address One Financial	Plaza		
ity	State	Zip	: City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
ecretary Name	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	Treasurer Name David G. Gauth		······	
C. Scott Steven	son				<u> </u>	
orem Address One Financial Plaza		Street Address				
		72/2	One Financial	. Plaza State	7/0	
ny Providence	State RI	02903	City Providence	RI	Zip	
	•	TORS: ("X" BOX FOR	•	IN SPACES BEFORE US	02903 sing attachments	
rector Name		·	Director Name			
Ronald H. Chamid	des		Jeffery N. Hay	den		
Invet Address			Street Address			
One Financial P	laza		One Financial P	*		
in,	State	Zip	City	State	02903	
Providence	<u>] RI</u>	J 02903	Providence	l.ri		
<i>Drector Name</i> C. Scott Steven:			Director Name			
Ireet Address	5011		Siron Address			
One Financial I	Plaza					
ity	State	Zip	City	State	Zip	
Providence	RI	02903 _			l	
0. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT)	•	("X" BOX FOR ATTAC	CHMENT) 🗌	
UTHORIZED SHARES	, n	0	ISSUED SHARES		P 44.	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 \$.01 PAR VALUE			100	Common	\$.01 per sl	

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	IAN 2.2. 2004	
File Date	JAN 22 2001	33
Check No.)
Ву:	0000	
_ [FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affincluding any accompanying schedules an copplained herein are true and correct.	•
(> M _ Sum	12/30/03
Signature of Officer	Date
C. Scott Stevenson	
Print or Type Name of Officer Secretary	
Title of Officer	· · · · · · · · · · · · · · · · · · ·

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

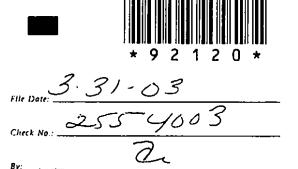
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PLEASE READ
INSTRUCTIONS

Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00)		PLEASE I INSTRUCT
FORM MUST BE TYPED OR PR					
. Corporate ID No.	2. Name of Corpo				
32120		easing Corporation			
t. Street Address Principal Busin One Financial I			cny Providence	State RI	zip 02903
. Business Phone No.		S. State of Incorporati	on		6. SIC Code
401-278-8504		RHODE ISLA	.ND		6148
. Brief Description of the Chara	cter of Business Conducted				
Leasing tangib	le personal p	roperty.			
B. NAMES AND ADDR	ESSES OF THE OF	FICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATT	ACHMENTS
Ronald H. Chami	ldes		Jeffery N. Hay	den	
treet Address			Street Address	-	
One Financial E	Plaza		One Financial	Plaza	
Sity	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
ecretary Name			Treasurer Name		
C. Scott Stever	nson		David G. Gauth	ier	
treet Address			Street Address		
One Financial H	laza		One Financial	Plaza	
lity	State	Zip	City	State	Z1p
Providence	RI	02903	Providence	RI	02903
D. NAMES AND ADDRI	ESSES OF THE DI	RECTORS ("X" BOX FOR A	ATTACHMENT) FILL IN SPACE Director Name	ES BEFORE USING AT	FTACHMENTS
Ronald H. Chami	ldes		Jeffery N. Hay	den	
treet Address			Street Address		
One Financial F	laza ·		One Financial	Plaza	
Slty	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Hrector Name			Director Name		
C. Scott Stever	ison				
treet Address			Street Address		
One Financial F	laza				
City	State	Zip	City	State	Zip
Providence	RI	02903			
O. SHARES AUTHORIZ	ZED (*x* box for at	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHME	 (TM:

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

100



Class/Series

Par Value

Number of Shares

8,000 \$.01 PAR VALUE

FOR SECRETARY OF STATE USE ONLY

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 berein are true and correct.

| 3 | 36 | 03 |
| Signature of Officer | Date
| C. Scott Stevenson
| Print or Type Name of Officer |
| Secretary | The officer | Secretary | Secreta

Class/Series

Common



Form 630 12/02

Par Vulue

\$.01 per sh

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Screet, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP FILEASE READ INSTRUCTIONS

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Filing	Period	: January	/ 1-March :		Filing Fee: \$50.00				

FORM MUST BE TYPED IN B	LACK)				
. Corporate ID No.	2. Name of Corpora	ntion			
92120	OneFed Lea	ising Corporation			
. Street Address Principal Busine	ess Office		City	State	Zip
One Financial P	laza		Providence	RI	02903
. Business Phone No.		5. State of Incorporati			6. SIC Code
(401) 278-8504		RHODE ISLA	ND .		6148
. Brief Description of the Charac					
Leasing tangibl	•	•			
3. NAMES AND ADDRI Pesident Name	ESSES OF THE OFF	ICERS ("X" BOX FOR ATT	TACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Ronald H. Chami	des		Jeffrey N. Hay	/den	
One Financial P	laza		One Financial	Plaza	•
Sity	State	ZIp	City	State	ZIp
Providence	RI	02903	Providence Treasurer Name	RI	02903
C. Scott Steven	son		David G. Gauth Street Address	nier	
One Financial P	laza		One Financial	Plaza	
ity	State	Zip	City	State	Z.Ip
Providence NAMES AND ADDRI	RI	02903	Providence	RI S BEFORE USING ATTA	02903
irector Name	.551.5 OF THE DIK	LCTORS (A BOX FOR A	Director Name	S DELOKE OSING ATT	CHWEN12
Ronald H. Chami	des		Jeffrey N. Hay	/den	
One Financial P	laza		One Financial	Plaza	
шу	State	Zip	City	State	Zip
Providence	RI	02903	Providence Director Name	RI	02903
C. Scott Steven	son		None Street Address		
One Financial P	laza				
ity	State	Zip	City	State	Zip
Providence	RI	02903			
O. SHARES AUTHORIZ UTHORIZZED SHARES	ED (*x* box for att.	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMENT)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$.01 PAR VALUE					
			100	Common	\$.01 per sh

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined

File Date: 2/19-02

Check No.: 2/7/320

FOR SECRETARY OF STATE USE ONLY

*

this report, including any accompanying schedules and statements, and that all parcinents contained herein are true and correct.

Date

Signature of Officer

C. Scott Stevenson
Print or Type Name of Officer

Secretary



Form 630 12/01

OneFed Leasing Corporation

Unanimous Consent of Directors In Lieu of Annual Meeting

The undersigned, being all of the Directors of OneFed Leasing Corporation, a Rhode Island corporation (the "Corporation"), hereby consent, in lieu of an annual meeting, to the adoption of the following resolutions for and on behalf of the Corporation:

VOTED:

That the following persons be, and they hereby are, elected to the offices set forth opposite their names to serve until the next annual meeting of the Corporation and until their respective successors are duly elected and qualified:

President Ronald H. Chamides Vice President Jeffery N. Hayden Vice President Bennett F. Viverito C. Scott Stevenson Vice President and Secretary Mark A. Davis **Assistant Secretary** Kathleen M. Stachura **Assistant Secretary** Treasurer David G. Gauthier Vice President & Assistant Treasurer David W. Arden

Assistant Treasurer

Amy R. Nelson

VOTED:

That all acts or actions taken by the officers of the Corporation since Unanimous Consent of Directors dated as of May 22, 2000 be, and they hereby are, ratified and affirmed.

IN WITNESS WHEREOF, the undersigned have executed this consent as of the 9th day of April, 2001.

Jeffory N. Hayde

C. Scott Stevenson

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

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1. Corparate ID No.

4. Business Phone No.

2. Name of Corporation

92120

OneFed Leasing Corporation

3. Street Address Principal Business Office One Financial Plaza

5. State of Incorporation

Providence

RΙ

02903

401-278-8621

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

Leasing Tangible Personal Property

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Providence Secretary Name

Providence

Ronald H. Chamides

C. Scott Stevenson

One Financial Plaza

Street Address

One Financial Plaza

City

Zip

02903

Jeffery N. Hayden

One Financial Plaza

7.10 02903

Providence Treasurer Name

Street Address

Vice President Name

David G. Gauthier

Street Address

Director Name

Street Address

Director Name

Street Address

Providence

One Financial Plaza

Jeffery N. Hayden

One Financial Plaza

None

Providence

^{Zip} 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

RI

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

City

Ronald H. Chamides

Street Address

One Financial Plaza

Providence

RΙ

02903

02903

Director Norne

C. Scott Stevenson Street Address

One Financial Plaza

City Providence

State

RT

02903

Zip

10. SHARES AUTHORIZED (*X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

City

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

State

Par Value

100

common

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and Majements contained herein are true and correct.

\$.01 per sh

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



8,000 SHS \$.01 PAR VALUE

FOR SECRETARY OF STATE USE ONLY



Signature of Office

C. Scott Stevenson Print or Type Name of Officer

Secretary



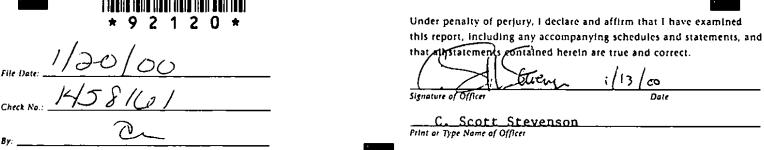
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Tiling Terroa. January 1-march 1	-	Filling Fee. \$30.00
(FORM MUST BE TYPED IN BLACK)		

1. Corporate ID No. 120	2. Name of Corporation OneFed Leas	ing Corporation			
3. Street Address Principal Business Oj	Mice		City	State	Zip
50 Kennedy Plaza 4. Business Phone No. 401-278-3290	ı	5. State of Incorporation RHODE ISLAND	Providence	RI	02903 ^{6.} 89 6%
7. Brief Description of the Character of Leasing Tangible					
8. NAMES AND ADDRESSE President Name		-	Vice President Name	ES BEFORE USING ATTAC	HMENTS
Ronald H. Chamid	les		Jeffery N. Street Address		
City 50 Kennedy Plaza	State	Zip	50 Kennedy	State	Zip
Providence Secretary Name	RI .	02903	Providence Treasurer Name	RI	02903
C. Scott Stevens	son		Richard R. Street Address	Pannone	
50 Kennedy Plaza	l · State	Zip	City 50 Kennedy	Plaza Stote	Zip
Providence 9. NAMES AND ADDRESSE Director Name	RI ES OF THE DIRECT	02903 ORS (*X* BOX FOR ATTAC	Providence (HMENT) FILL IN SP. Director Name	RI ACES BEFORE USING ATTA	02903 CHMENTS
Ronald H. Chamid	les		Jeffery N.	Hayden	
50 Kennedy Plaza	l State	Zip	_{City} 50 Kennedy	Plaza State	Zip
Providence	RI	02903	Providence Director Name	RI	02903
C. Scott Stevens	son		none Street Address		
50 Kennedy Plaza	State	ZIp	City	State	Zip
Providence 10. SHARES AUTHORIZED	RI (*x* box for attach!	02903 ment)	11. SHARES ISSUE	, D (*x* box for attachment)
AUTHORIZED SHARES	•		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS \$.01 PA	R VALUE		100	common	\$.01 per sh

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Secretary Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

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State	Zip	•
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R. Pannone	,	
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FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all materiorits contained herein are true and correct. Signature of Officer C. Scott Stevenson Print or Type Name of Officer



Secretary



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

iling Period:	January	1-March 1	•	Filing	Fee:	\$50.00
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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

8,000	Common	\$.01 per share	100	Common	A.O. her sugre
Number of Shates	Class/Series	Par Value	Number of Shares	_	\$.01 per share
Providence 10. SHARES AUTHORIZED AUTHORIZED SHARES			11. SHARES ISSUED ("x"	BOX FOR ATTACHMENT) Class/Series	Pas Value
50 Kennedy Plaza	State	Zip	City	State	Ζίρ
C. Scott Stevenson Street Address	ı		Street Address		
Providence Director Name	RI	02903	Providence	RI	02903
50 Kennedy Plaza	State	Zip	City 50 Kennedy Place	za State	Zip
Ronald H. Chamides Street Address			Jeffrey N. Haye Street Address		
Providence 9. NAMES AND ADDRESS Director Name	RI ES OF THE DIRE	02903 CTORS ("X" BOX FOR ATTAC	Providence CHMENT) Director Name	RI	02903
50 Kennedy Plaza	State	Zip	50 Kennedy Plaza	State	Zip
C. Scott Stevenson Street Address			Richard R. Pannor Street Address	ne	
Providence Secretary Name	RI	02903	Providence Treasurer Name	RI	02903
50 Kennedy Plaza	State	Zip	50 Kennedy Pla	3Z3 State	Zip
Ronald H. Chamides			Jeffrey N. Hay	yden	
Leasing Tangible P 8. NAMES AND ADDRESS President Name	ersonal Prop ES OF THE OFFIC	erty CERS (*X* BOX FOR ATTACHA	MENT) Vice President Name		
(401) 278-6178 7. Brief Description of the Character o	f Business Conducted In	Rhode Island Rhode Island			6148
50 Kennedy Plaza 4. Rusiness Phone No.		5. State of Incorporation	Providence	RI	02903 6. SIC Code
92120 3. Street Address Principal Business O		Leasing Corporati	On City	State	Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
File Date: 3/14	that all statements contained herein are true and correct.
015511/2	Signature of Offices Date
Check No.:	C. Scott Stevenson
. ICW	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Secretary



James R. Langevin, Secretary of State Carporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

iling Period:	January	1-March 1	•	Filing	Fee:	\$50.	.00
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(FORM MUST RE TYPED IN BLA	CKI	
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I. Corporate ID No.

Number of Shares

8000

2. Name of Corporation

92120 OneFed Leasing Corporation 3. Street Address Principal Business Office Zip 50 Kennedy Plaza Providence Rhode Island 02903 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 278-6178 6148 Rhode Island 7. Brief Description of the Character of Business Conducted in Rhode Island LeasingTangible Personal Property 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) X President Name Vice President Name Ronald H. Chamides Jeffery N. Hayden Street Address Street Address 50 Kennedy Plaza 50 Kennedy Plaza City State Zip City State ZIp Providence R.I. 02903 Providence RI 02903 Secretary Nume Treasurer Name C. Scott Stevenson Richard R. Pannone Street Address Street Address 50 Kennedy Plaza 50 Kennedy Plaza City State Zip City State ZIp Providence RΙ 02903 02903 Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) X Director Name Director Name Ronald H. Chamides Jeffery N. Hayden Street Address Street Address 50 Kennedy Plaza 50 Kennedy Plaza City Zip City State Zip State Providence RI 02903 Providence RI 02903 Director Name Director Name C. Scott Stevenson Street Address Street Address 50 Kennedy Plaza City ZΙρ State City State Zip Providence 02903 RI 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZZZZ SHARES ISSUED SHARES

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

Title of Officer

100

	2 (()()	
File Date:	3.S.97	
Check No.: _	637SOS	
Ву:	IP	
FOR SECRET	ARY OF STATE USE ONLY	

Class/Series

Common

Par Value

\$.01 per share

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.

Signature of Officer

C. Scott Stevenson

Print or Type Name of Officer

Secretary

Class/Series

Common

Par Value

\$.01 per share

(No. 214)

CORPORATE DATA SHEET

NAME: OneFed Leasing Corporation

PRINCIPAL BUSINESS ADDRESS. 50 Kennedy Plaza, Providence, RI 02903

STATE OF INCORPORATION: Rhode Island

DATE OF INCORPORATION: November 6, 1996

STATES OF QUALIFICATIONS:

AMENDMENTS TO ARTICLES:

DIRECTORS:

Ronald H. Chamides Jeffery N. Hayden C. Scott Stevenson

OFFICERS:

President Ronald H. Chamides Vice President Jeffery N. Hayden Vice President Bennett F. Viverito Vice President Stephen J. O'Leary Vice President John F. Lahiff Vice President and Secretary C. Scott Stevenson • Assistant Secretary Edward H. Kammerer• Assistant Secretary Mark A. Davis Assistant Secretary Kathleen M. Stachura Treasurer Richard R. Pannone Assistant Treasurer Nora B. Nikola Assistant Treasurer David G. Gauthier Assistant Treasurer Amy R. Nelson Assistant Treasurer Daniel J. Sweeney

SHARES AUTHORIZED

<u>NUMBER</u>	<u>CLASS</u>	PAR VALUE
8,000	Common	\$.01 per share

STOCK CERTIFICATES OUTSTANDING:

Certificate #1 for 100 shares issued to Fleet National Bank dated 12/01/96 - Transferred on 12/02/96 to Fleet Holding Corp.

Certificate #2 for 100 shares issued to Fleet Holding Corp. - Transferred on 12/02/96 to Fleet Capital Corporation

Certificate #3 for 100 shares issued to Fleet Capital Corporation

ANNUAL MEETING: Second Monday in April

EIN: 05-0493751

REGISTERED AGENT: C. Scott Stevenson, 50 Kennedy Plaza, Providence, RI 02903