



Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB -9 P 1:01

1. Entity ID Number 000129082		2. Exact name of the Corporation UNION LEASING, INC.	
3. Principal Office Address 425 N. Martingale Road, 6th Floor		City Schaumburg	State Illinois
		Zip 60173	
4. NAICS Code 532490	6. Brief description of the character of business conducted in Rhode Island long-term vehicle leasing		
5. State of Incorporation Illinois			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Todd Heemsoth		Vice-President Name	
Street Address 425 N. Martingale Road, 6th Floor		Street Address	
City Schaumburg	State Illinois	Zip 60173	
Secretary Name Bryan H. Zair		Treasurer Name Brian Frizzeli	
Street Address 425 N. Martingale Road, 6th Floor		Street Address 425 N. Martingale Road, 6th Floor	
City Schaumburg	State Illinois	Zip 60173	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Todd Heemsoth		Director Name Jeff Walsh	
Street Address 425 N. Martingale Road, 6th Floor		Street Address 425 N. Martingale Road, 6th Floor	
City Schaumburg	State Illinois	Zip 60173	
Director Name Bryan H. Zair		Director Name	
Street Address 425 N. Martingale Road, 6th Floor		Street Address	
City Schaumburg	State Illinois	Zip 60173	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		10.000	common
		PAR VALUE	\$5.00
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 Bryan H. Zair		Date 02.08.2021	
Signature of Authorized Representative 		FILED	

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

FEB 09 2021

BY BTFMZ

FORM 630 - Revised: 08/2020