



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2022 MAY -2 P 1:01

Annual Report for the year: 2022
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 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 532940		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 IL	Zip 60173	City	State	Zip
Secretary Name Bryan H. Zair			Treasurer Name Brian Frizzell		
Street Address 425 N. Martingale Road, 6th Floor			Street Address 425 N. Martingale Road, 6th Floors		
City Schaumburg	State IL	Zip 60173	City Schaumburg	State IL	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 Floors		
City Schaumburg	State IL	Zip 60173	City Schaumburg	State IL	Zip 60173
Director Name Bryan H. Zair			Director Name		
Street Address 425 N. Martingale Road, 6th Floor			Street Address		
City Schaumburg	State IL	Zip 60173	City	State	Zip
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/SHARES	PAR VALUE
		10.000		common	\$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 4/29/2022
Signature of Authorized Representative <i>/s/ Bryan H Zair</i>					FILED

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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