



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2023
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/SERIES	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. <i>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.</i>					
Name of Authorized Representative Bryan H. Zair				Date 3/21/2023	
Signature of Authorized Representative <i>/s/ Bryan H. Zair</i>				FILED MAR 22 BY <u> </u> FILED MAR 29 2023 BY <u>15171</u>	