

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000003603

1. Entity Name
SUMMIT COMMERCIAL LEASING CORPORATION



Principal Place of Business

**ONE FINANCIAL PLAZA
2ND FLOOR
PROVIDENCE, RI 02903**

Mailing Address

**ONE FINANCIAL PLAZA
2ND FLOOR
PROVIDENCE, RI 02903**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-2641272

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHAMIDES, RONALD H
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP PROVIDENCE, RI 02903

TITLE EVP
NAME KELL, WILLIAM
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP PROVIDENCE, RI 02903

TITLE VP
NAME JACOBSON, KEITH R
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP PROVIDENCE, RI 02903

TITLE SVP
NAME GAUTHIER, DAVID G
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP PROVIDENCE, RI 02903

TITLE SVPA
NAME STEVENSON, SCOTT C
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP PROVIDENCE, RI 02903

TITLE VP
NAME CROOK, SHEILA
STREET ADDRESS ONE FINANCIAL PLAZA
CITY-ST-ZIP PROVIDENCE, RI 02903

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01/20/04-80065-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheila Crook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 8, 2004
Date

(401) 278-8436
Daytime Phone #