



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>6565</b>		2. Exact name of the Corporation <b>DELEKTA PHARMACY INC</b>								
3. Principal office address <b>496 MAIN STREET</b>				City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>				
4. Business Phone No. <b>401-245-6767</b>				5. State of Incorporation <b>RHODE ISLAND</b>						
6. Brief description of the character of business conducted in Rhode Island <b>RETAIL PHARMACY</b>										
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>										
President Name <b>ERIC DELEKTA</b>				Vice-President Name <b>IGNATIUS F. DELEKTA III</b>						
Street Address <b>496 MAIN ST</b>				Street Address <b>496 MAIN ST</b>						
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>		City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>				
Secretary Name <b>SIMON DELEKTA</b>				Treasurer Name <b>ERIC DELEKTA</b>						
Street Address <b>496 MAIN ST</b>				Street Address <b>496 MAIN ST</b>						
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>		City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>				
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>										
Director Name <b>ERIC DELEKTA</b>				Director Name <b>IGNATIUS F DELEKTA III</b>						
Street Address <b>496 MAIN ST</b>				Street Address <b>496 MAIN ST</b>						
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>		City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>				
Director Name <b>SIMON DELEKTA</b>				Director Name						
Street Address <b>496 MAIN ST</b>				Street Address						
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>		City	State	Zip				
<b>9. SHARES AUTHORIZED</b>				<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>						
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.								NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
								<b>200</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JAN 16 2015**

**5515**

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.

Eric Delekta 1/15/15  
 Signature of Authorized Representative Date

Eric Delekta  
 Print or Type Name of Authorized Representative