



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

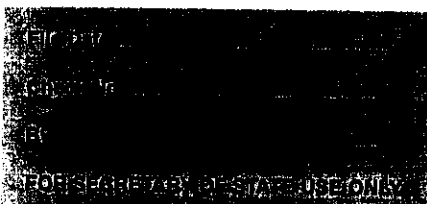
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 6647		2. Exact name of the Corporation DELTA ENTERPRISES, INC.			
3. Principal office address 30 Acorn Street		City Providence		State RI	Zip 02903
4. Business Phone No. (401) 943-4144		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL AND REPAIR MOTOR VEHICLES					
President Name Edward Pontarelli			Vice-President Name Edward Pontarelli		
Street Address 30 Acorn Street			Street Address SAME		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Edward Pontarelli			Treasurer Name Edward Pontarelli		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
7. LIST THE NAMES, OFFICE / HOME / MOBILE AND ADDRESSES OF ALL BOARDS OF DIRECTORS					
Director Name Edward Pontarelli			Director Name		
Street Address SAME			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES AUTHORIZED					
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
			100	COMMON	NO PAR

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.



FILED

FEB 17 2015

BY

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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.

Signature of Authorized Representative

Edward Pontarelli

Print or Type Name of Authorized Representative

Date

2-4-15