



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 2017

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. 105754		2. Exact name of the Corporation LEITE HOLDINGS, INC.			
3. Principal office address 260 SOUTH COUNTY TRAIL		City EXETER	State RI	Zip 02822	
4. Business Phone No. 401-556-1054		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island THE PURCHASE, SALES, LEASING, MAINTENANCE AND OPERATION OF ALL TYPES OF REAL ESTATE IN THE UNITED STATES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MARY R. LEITE			Vice-President Name MARY R. LEITE		
Street Address 260 SOUTH COUNTY TRAIL			Street Address 260 SOUTH COUNTY TRAIL		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name MARY R. LEITE			Treasurer Name MARY R. LEITE		
Street Address 260 SOUTH COUNTY TRAIL			Street Address 260 SOUTH COUNTY TRAIL		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MARY R. LEITE			Director Name		
Street Address 260 SOUTH COUNTY TRAIL			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 No Par Value	A	None

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

FEB 21 2017

BY

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

Date

MARY R. LEITE

Print or Type Name of Authorized Representative