RI SOS Filing Number: 201755013860 Date: 12/13/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2017 DEC 13 AM 11:5

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
6647	DELTA ENTERPRISES, INC			
3. Principal Office Address		City	State	Zip
30 ACORN STREET		PROVIDENCE	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811111	TO BUY, SELL AND REPAIR MOTOR VEHICLES			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
EDWARD PONTARELLI			EDWARD PONTARELLI		
Street Address			Street Address		
30 ACORN ST			30 ACORN ST		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
EDWARD PONTARELLI			EDWARD PONTARELLI		
Street Address			Street Address		
SAME			SAME		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100.	COMMON	NO PAR 0.003

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.

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.

Name of Authorized Representative	Date
EDWARD PONTARELLI	12-13-17

Signature of Authorized Representative

BY

DEC 13 2017

FILED

FILED

DEC 13 2017

BY 3197

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2017