



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

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

FILED

JAN 09 2019

BY

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1. Entity ID Number <u>89321</u>		2. Exact name of the Corporation <u>LEADER REALTY CORP.</u>	
3. Principal Office Address <u>365 BROADWAY</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02909</u>	
4. NAICS Code <u>531120</u>	6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>RAFFAELE STANZIONE JR</u>		Vice-President Name <u>RAFFAELE STANZIONE JR</u>	
Street Address <u>365 BROADWAY</u>		Street Address <u>365 BROADWAY</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
Secretary Name <u>RAFFAELE STANZIONE JR</u>		Treasurer Name <u>RAFFAELE STANZIONE JR</u>	
Street Address <u>365 BROADWAY</u>		Street Address <u>365 BROADWAY</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		<u>1.000</u>	<u>CNP</u>
			PAR VALUE
			<u>\$0.000</u>
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 <u>RAFFAELE STANZIONE JR</u>		Date <u>12-26-18</u>	
Signature of Authorized Representative <u>Raffaele Stanzone Jr</u>			

MAIL TO:
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Website: www.sos.ri.gov