



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION

2019 MAY -9 AM 10:38

1. Entity ID Number <u>1007611</u>		2. Exact name of the Corporation <u>DELEA LEASING CORP.</u>	
3. Principal Office Address <u>444 ELWOOD Rd</u>		City <u>E. Northport</u>	State <u>NY</u>
		Zip <u>11731</u>	
4. NAICS Code <u>11900</u>	6. Brief description of the character of business conducted in Rhode Island <u>SOB GROWER</u>		
5. State of Incorporation <u>NY</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>RICHARD DELEA</u>		Vice-President Name	
Street Address <u>112 Wells Rd</u>		Street Address	
City <u>Greenlawn</u>	State <u>NY</u>	City	State
Zip <u>11740</u>		Zip	
Secretary Name		Treasurer Name <u>Vincent Sasso</u>	
Street Address		Street Address <u>184 CLAY PITTS Rd</u>	
City	State	City <u>Greenlawn</u>	State <u>NY</u>
Zip		Zip <u>11740</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>0</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. <b>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.</b>			
Name of Authorized Representative <u>Vincent Sasso</u>		Date <u>5/7/19</u>	
Signature of Authorized Representative <u>Vincent Sasso treas</u>		SIGN DOCUMENT <b>FILED</b>	

MAY 22 2019  
BY 053AX  
A.A. 10:05 A.M.