



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 07 2022
BY *[Signature]*

1. Entity ID Number 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. NAICS Code 53390		6. Brief description of the character of business conducted in Rhode Island THE PURCHASE, SALES, LEASING, MAINTENANCE & OPERATION OF ALL TYPES OF REAL ESTATE IN THE UNITED STATES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100 No Par Value		A
					PAR VALUE
					None
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 MARY R. LEITE				Date 2-17-2022	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.n.gov