RI SOS Filing Number: 202335105030 Date: 5/1/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

MAY 01 2023

BY 9375

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: $50.00

→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
18986	LEEWAY, INC.

3. Principal Office Address	City	State	Zip
790 Old Great Road	No. Smithfield	RI	02896

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
444130	Hardware and Feed and Grain Store
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Robert J. Leduc	Michelle Deschamps
Street Address: 385 Buxton Street	Street Address: 115 Reservoir Road
City: Burrillville, State: RI, Zip: 02830	City: Burrillville, State: RI, Zip: 02830
Secretary Name: Michelle Deschamps	**Treasurer Name:** Robert J. Leduc
Street Address: 115 Reservoir Road	Street Address: 385 Buxton Street
City: Burrillville, State: RI, Zip: 02830	City: Burrillville, State: RI, Zip: 02830

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

Director Name	Director Name
Street Address	Street Address
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. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	Common	No Par Value

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
Robert J. Leduc, President	4/14/23

Signature of Authorized Representative: Robert J Leduc

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: 11/2021