



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001715809

2. Name of Corporation L.E.A.D. Inc.

3. State of Incorporation

State: NJ

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624110

4. Principal Office Address

No. and Street: 5 SOUTH MAIN STREET

City or Town: ALLENTOWN

State: NJ

Zip: 08501

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

LAW ENFORCEMENT AGAINST DRUGS(L.E.A.D.) IS SUPPORTED BY DEDICATED
POLICE OFFICERS, COMMITTED TO PROTECTING OUR YOUTH AND
COMMUNITIES FROM THE PROLIFERATION OF DRUGS

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	NICHOLAS DEMAURO	5 SOUTH MAIN STREET ALLENTOWN, NJ 08501 USA
TREASURER	CRAIG DUGAN	5 SOUTH MAIN STREET ALLENTOWN, NJ 08501 USA
SECRETARY	KEVIN RAMBOSK	5 SOUTH MAIN STREET ALLENTOWN, NJ 08501 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 23 Day of February, 2024 at 2:06:32 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By NICHOLAS DEMAURO
Signature of Authorized Person

Form No. 631
Revised 09/07

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