

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D RIDOS BSD  
24 JUN 13 PM 1:00:31

|                                                                                                                                                                                                                                                   |                                                                                                        |                                                                              |                        |                    |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------|--------------------|------------------------------------------------------------------|
| 1. Entity ID Number<br><b>115782</b>                                                                                                                                                                                                              |                                                                                                        | 2. Exact name of the Corporation<br><b>1889 PLAINFIELD PIKE LEASING CORP</b> |                        |                    |                                                                  |
| 3. Principal Office Address<br><b>375 BROADWAY</b>                                                                                                                                                                                                |                                                                                                        |                                                                              | City<br><b>MENANDS</b> | State<br><b>NY</b> | Zip<br><b>12204</b>                                              |
| 4. NAICS Code<br><b>447100</b>                                                                                                                                                                                                                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>GAS/CONVEN ITEMS</b> |                                                                              |                        |                    |                                                                  |
| 5. State of Incorporation<br><b>RI</b>                                                                                                                                                                                                            |                                                                                                        |                                                                              |                        |                    |                                                                  |
| 7. List ALL officers (names and addresses)                                                                                                                                                                                                        |                                                                                                        |                                                                              |                        |                    | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br><b>Demetrios Haseotes</b>                                                                                                                                                                                                       |                                                                                                        |                                                                              | Vice-President Name    |                    |                                                                  |
| Street Address<br><b>100 public square</b>                                                                                                                                                                                                        |                                                                                                        |                                                                              | Street Address         |                    |                                                                  |
| City<br><b>Somerset</b>                                                                                                                                                                                                                           | State<br><b>KY</b>                                                                                     | Zip<br><b>42501</b>                                                          | City                   | State              | Zip                                                              |
| Secretary Name                                                                                                                                                                                                                                    |                                                                                                        |                                                                              | Treasurer Name         |                    |                                                                  |
| Street Address                                                                                                                                                                                                                                    |                                                                                                        |                                                                              | Street Address         |                    |                                                                  |
| City                                                                                                                                                                                                                                              | State                                                                                                  | Zip                                                                          | City                   | State              | Zip                                                              |
| 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                                                                                                  | Zip                                                                          | City                   | State              | Zip                                                              |
| Director Name                                                                                                                                                                                                                                     |                                                                                                        |                                                                              | Director Name          |                    |                                                                  |
| Street Address                                                                                                                                                                                                                                    |                                                                                                        |                                                                              | Street Address         |                    |                                                                  |
| City                                                                                                                                                                                                                                              | State                                                                                                  | Zip                                                                          | City                   | State              | Zip                                                              |
| 9. Shares Authorized                                                                                                                                                                                                                              |                                                                                                        | 10. Shares Issued                                                            |                        |                    |                                                                  |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                                                      |                                                                                                        | NUMBER OF SHARES                                                             |                        | CLASS/SERIES       | PAR VALUE                                                        |
|                                                                                                                                                                                                                                                   |                                                                                                        | 100                                                                          |                        |                    | 0                                                                |
|                                                                                                                                                                                                                                                   |                                                                                                        |                                                                              |                        |                    |                                                                  |
| 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<br><b>DEMETRIOS HASEOTES</b>                                                                                                                                                                                    |                                                                                                        |                                                                              |                        |                    | Date                                                             |
| Signature of Authorized Representative<br><b>DEMETRIOS HASEOTES</b>                                                                                                                                                                               |                                                                                                        |                                                                              |                        |                    |                                                                  |

FILED

MAIL TO:

RI DOS MADE NON-SUBSTANTIVE EDITS

Division of Business Services

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RI DOS MADE EDITS PER FILER

JUN 13 2024

BY ML

FORM 630 - Revised: 04/2023