

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No.		2. Exact name of the Corporation				
154590	Avanti	Avanti Investment Group, Inc.				
3. Principal office address 1436 Victory Highway			City North Smithfiel	d State	Zip 02896	
4. Business Phone No. 401.699.1137			5. State of Incorporation Rhode Island			
		ss conducted in Rhode Island ning and maintaining		other lawfully relat	ed business	
'. LIST <u>ALL</u> OFFICERS (I	NAMES AND ADD	RESSES) ("X" BOX FOR A	TACHMENT)			
President Name Leslie A. Zarrella			Vice-President Name Leslie A. Zarella			
Street Address 1436 Victory Highway			Street Address see above			
ity North Smithfield	State RI	Zip 02896	City	State	Zip	
Secretary Name Leslie A. Zarrella			Treasurer Name Leslie A. Zarrella			
Street Address see above			Street Address see above			
City	State	Zip	City	State	Zip	
. LIST <u>ALL</u> DIRECTORS	(NAMES AND AD	DRESSES) ("X" BOX FOR	ATTACHMENT)	· .		
Director Name Leslie A. Zarrella			Director Name			
treet Address see above			Street Address			
iity	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.		100	common	.01 par value		
		corporation by an authorize	d representative. If the	corneration is in the hands	of a receiver or trustee	
The second of th		ist be executed on behalf of			or a receiver or trustee,	
File Date		FILED	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.			
Check No		FEB 0 4 2016	The diagram statement	ALLAND	La 1/14/15	
By:FOR SECRETARY OF ST		1/1 3250	Signature of Authori		pate	
	TERMINE ALBUM		I BEIID A /3FFA	IIA KII		

Form No. 630 Revised: 01/2012