



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.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>75032</b>		2. Exact name of the Corporation <b>ANZIANI REALTY CORPORATION</b>			
3. Principal office address <b>300 Centerville Road, Summit East, Suite 330</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02886</b>
4. Business Phone No. <b>(401) 737-7200</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>TO ACT AS GENERAL PARTNER IN REAL ESTATE LIMITED PARTNERSHIP</b>					
<b>7. LIST ALL OFFICERS NAMES AND ADDRESSES</b> <input type="checkbox"/> BOX FOR ATTACHMENT					
President Name <b>Raymond F. Bruzzese</b>			Vice-President Name <b>Thomas M. Bruzzese</b>		
Street Address <b>34 Sweet Hill Drive</b>			Street Address <b>120 Falcone Circle</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Richard Bruzzese</b>			Treasurer Name <b>Anthony G. Bruzzese</b>		
Street Address <b>SAME</b>			Street Address <b>10 Eagle Lane</b>		
City	State	Zip	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
<b>8. LIST ALL DIRECTORS NAMES AND ADDRESSES</b> <input type="checkbox"/> BOX FOR ATTACHMENT					
Director Name <b>Raymond F. Bruzzese</b>			Director Name		
Street Address <b>SAME</b>			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b> <input type="checkbox"/> BOX FOR ATTACHMENT					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	COMMON	NO PAR

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.

Signature of Authorized Representative

**Raymond F. Bruzzese**

Print or Type Name of Authorized Representative

2/16/2016  
Date

FILED

FEB 29 2016