



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 154590		2. Exact name of the Corporation Avanti Investment Group, Inc.			
3. Principal Office Address 1436 Victory Highway			City North Smithfield	State RI	Zip 02896
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island To engage in the business of owning and maintaining real estate and all other lawfully related business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Leslie A. Zarrella			Vice-President Name Leslie A. Zarrella <i>fax</i>		
Street Address 1436 Victory Highway			Street Address see above		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Laslie A. Zarrella <i>fax</i>			Treasurer Name Leslie A. Zarrella <i>fax</i>		
Street Address see above			Street Address see above		
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 Leslie A. Zarrella <i>fax</i>			Director Name		
Street Address see above			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	.01 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 Leslie A. Zarrella					Date
Signature of Authorized Representative <i>Leslie A. Zarrella</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
FEB 03 2017
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[Signature]