



**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 2017**

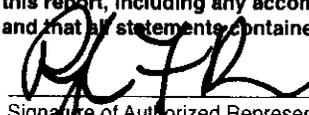
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

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>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
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>		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
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		
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

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  
 Date **3/10/2017**  
**Raymond F. Bruzzese**  
 Print or Type Name of Authorized Representative

MAR 13 2017  
 2581 DS  
 BY \_\_\_\_\_