



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. 75032		2. Exact name of the Corporation ANZIANI REALTY CORPORATION					
3. Principal office address 300 Centerville Road, Summit East, Suite 330				City Warwick	State RI	Zip 02886	
4. Business Phone No. (401) 737-7200				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TO ACT AS GENERAL PARTNER IN REAL ESTATE LIMITED PARTNERSHIP							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Raymond F. Bruzzese				Vice-President Name Thomas M. Bruzzese			
Street Address 34 Sweet Hill Drive				Street Address 120 Falcone Circle			
City Johnston	State RI	Zip 02919	City East Greenwich	State RI	Zip 02818		
Secretary Name Richard Bruzzese				Treasurer Name Anthony G. Bruzzese			
Street Address SAME				Street Address 10 Eagle Lane			
City	State	Zip	City East Greenwich	State RI	Zip 02818		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Raymond F. Bruzzese				Director Name			
Street Address SAME				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: _____

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] **Raymond F. Bruzzese**
 Signature of Authorized Representative
 Date **3/10/2017**

FOR SECRETARY OF STATE USE ONLY
 Form No. 630
 Revised: 01/2012

MAR 13 2017
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Print or Type Name of Authorized Representative