



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

**Annual Report for the year: 2017**

**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

<b>1. Entity ID Number</b> <b>791867</b>		<b>2. Exact name of the Limited Liability Company</b> <b>Lanni Properties, LLC</b>									
<b>3. NAICS Code</b> <b>531390</b>		<b>4. Brief description of the character of business conducted in Rhode Island</b> <b>TO OWN, ACQUIRE, MANAGE, RENT AND SELL REAL ESTATE AND ALL MATTERS RELATED THERETO</b>									
<b>5. State of Formation</b> <b>RI</b>											
<b>6. Principal Office Address</b> <b>16 Josephine Street</b>				<b>City</b> <b>North Providence</b>		<b>State</b> <b>RI</b>		<b>Zip</b> <b>02904</b>			
<b>7. Mailing Address of Limited Liability Company and Name or Title of Contact Person</b>											
<b>Contact Name</b> <b>Antonio Lanni</b>				<b>Contact Title</b> <b>Manager</b>							
<b>Street Address</b> <b>16 Josephine Street</b>				<b>City</b> <b>North Providence</b>		<b>State</b> <b>RI</b>		<b>Zip</b> <b>02904</b>			
<b>8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS</b>											
<b>Manager Name</b> <b>Antonio Lanni</b>				<b>Manager Name</b>							
<b>Street Address</b> <b>16 Josephine Street</b>				<b>Street Address</b>							
<b>City</b> <b>North Providence</b>		<b>State</b> <b>RI</b>		<b>Zip</b> <b>02904</b>		<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Manager Name</b>				<b>Manager Name</b>							
<b>Street Address</b>				<b>Street Address</b>							
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>City</b>		<b>State</b>		<b>Zip</b>	
Check the box to indicate an attachment <input type="checkbox"/>											
<b>9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.</b>											
<b>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.</b>											
<b>Name of Authorized Person</b> <b>ANTONIO LANNI</b>								<b>Date</b> <b>October 16, 2017</b>			
<b>Signature of Authorized Person</b> <b>SIGN DOCUMENT HERE</b>											

**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**

**OCT 23 2017**

BY