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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.n.gov ~ Website: www.sos.n.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _2018

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

1. Entity ID No.	2. Exact nar	2. Exact name of the Corporation				
75032	ANZIAN	ANZIANI REALTY CORPORATION (53/110)				
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			
·		conducted in Rhode Island IN REAL ESTATE LIN		P		
7. LIST <u>ALL</u> OFFICERS (I	IAMES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT)			
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			
Сіту	State	Zip	City East Greenwich	State RI	Zip 02818	
	(NAMES AND ADD	RESSES) ("X" BOX FOR	-, 		·	
Director Name Raymond F. Bruzze	se		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 ATTACH	IMENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			600	COMMON	NO PAR	
	ted on behalf of the	corporation by an authorize			s of a receiver or trustee,	
	tnis report mu	st be executed on behalf of			m that I have examined	
File Date	 	LILEN	this report including	any accompanying so a contained herein ar	chedules and statements to true and correct.	
Check No		FEB 2 0 201	8 ACT		2/16/201	
By:	FATE IICE ONLY	BY 2595	Signature of Authorize ——Raymond F. Bru	-	▼ Dette	
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Representative			

Form No. 630 Revised: 01/2012