



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

Annual Report for the year: 2018  
 Corporation

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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2018 MAR -9 PM 4:21

STAMP

FOR  
 THE SECRETARY OF STATE  
 1001

1. Entity ID Number <u>1379129</u>		2. Exact name of the Corporation <u>KANTZ Corporation</u>	
3. Principal Office Address <u>94 Carrington Ave</u>		City <u>Woonsocket</u>	State <u>RI</u>
		Zip <u>02895</u>	
4. NAICS Code <u>531110</u>	6. Brief description of the character of business conducted in Rhode Island <u>To Purchase, sell, lease Commercial &amp; residential properties</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Khaled Kattan</u>		Vice-President Name <u>Nancy Quattro Kattan</u>	
Street Address <u>94 Carrington Ave.</u>		Street Address <u>94 Carrington Ave.</u>	
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>Woonsocket</u>
			State <u>RI</u>
			Zip <u>02895</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<u>8000</u>	<u>0</u>
		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 <u>Nancy Q Kattan</u>		Date <u>3/9/18</u>	
Signature of Authorized Representative <u>Nancy Q Kattan</u>		SIGN DOCUMENT HERE	

FILED

MAR 09 2018

BY 326308  
A.A. 4:26 pm.

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