



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

Annual Report for the year: 2017
Corporation

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

RECEIVED
 SECRETARY OF STATE
 CORPORATE
 2018 MAR 12 PM 1:46
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1. Entity ID Number 000135876		2. Exact name of the Corporation ANTHONY'S RENTAL AND LEASING, INC.			
3. Principal Office Address 21 OAKDALE AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A LEASING RENTAL BUSINESS, ALL PHASES OF THE LEASING AND RENTAL INDUSTRY.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY LOUIS FERRANTI JR.			Vice-President Name CLAIRE FERRANTI		
Street Address 2 FOX TALE DRIVE			Street Address 2 FOX TALE DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name CLAIRE FERRANTI			Treasurer Name ANTHONY LOUIS FERRANTI JR.		
Street Address 2 FOX TALE DRIVE			Street Address 2 FOX TALE DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.			NUMBER OF SHARES 500	CLASS/SERIES CNP	PAR VALUE 0
Changes require an additional filing.					
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 ANTHONY J. FERRANTI JR				Date 3-18-18	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

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
 MAR 12 2018
 BY *[Signature]* 320391
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 FORM 630 - Revised: 10/2017