



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2016**
Corporation

STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2018
MAR 12 11:03 AM
FILED

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
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	City JOHNSTON	State RI
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	City JOHNSTON	State RI
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	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES	
500		CNP	
		PAR VALUE	
		0	
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 L FERRANTI JR		Date 2-17-17	
Signature of Authorized Representative <i>[Signature]</i>		SIGN DOCUMENT HERE	

FILED

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

MAR 12 2018
BY *[Signature]* 3:02
FORM 650 Revised: 10/2017