



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STAMP

2018

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 ☐					
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 ☐					
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 ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
500		CNP		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 				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 **4326577**
FORM 650 Revised: 10/2017
3:02