



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.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 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. Business Phone No. 401-273-7373		5. State of Incorporation RI			
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					
ATTACH ALL ORDERS, NAMES AND ADDRESSES TO A BOX FOR 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
ATTACH ALL DIRECTORS (NAMES AND ADDRESSES) TO A BOX FOR 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
STATE AUTHORIZED					
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		500	CNP	0.00	

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.

Signature of Authorized Representative

Print or Type Name of Authorized Representative