



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

Annual Report for the year: 2019  
 Corporation

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 JAN -2 PM 12:33

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

1. Entity ID Number <b>000136443</b>		2. Exact name of the Corporation <b>VICTOR ANTHONY PROPERTIES, INC.</b>			
3. Principal Office Address <b>20 Simonsville Ave.</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>531390</b> <b>53 real estate &amp;</b>		6. Brief description of the character of business conducted in Rhode Island <b>rental real estate purchase and development</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Vittorio Ricci, II</b>			Vice-President Name <b>Vittorio Ricci, II</b>		
Street Address <b>20 Simonsville Ave</b>			Street Address <b>same</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>same</b>	State <b>same</b>	Zip <b>same</b>
Secretary Name <b>Vittorio Ricci, II</b>			Treasurer Name <b>Vittorio Ricci, II</b>		
Street Address <b>same</b>			Street Address <b>same</b>		
City <b>same</b>	State <b>same</b>	Zip <b>same</b>	City <b>same</b>	State <b>same</b>	Zip <b>same</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Vittorio Ricci, II</b>			Director Name		
Street Address <b>same</b>			Street Address		
City <b>same</b>	State <b>same</b>	Zip <b>same</b>	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/SER.ES
			100		common
					PAR VALUE
					none
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.					
<b>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.</b>					
Name of Authorized Representative <b>Vittorio Ricci, II</b>					Date <b>1-2-19</b>
Signature of Authorized Representative <i>Vittorio Ricci</i>					

**FILED**

JAN 2 2019  
 BY *QPB* DEBAK

MAIL TO:  
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