



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

Annual Report for the year: 2019
Corporation

- 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 <u>17726</u>		2. Exact name of the Corporation <u>LANZI FURS LTD INC</u>			
3. Principal Office Address <u>1854 ATWOOD AVE</u>			City <u>JOHNSTON</u>	State <u>R. I.</u>	Zip <u>02919</u>
4 NAICS Code <u>112930</u>		6. Brief description of the character of business conducted in Rhode Island <u>FUR SALES</u>			
5. State of Incorporation <u>R. I.</u>					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>GUIDO RAPONE JR.</u>			Vice-President Name <u>ANGELINA LANZI</u>		
Street Address <u>1854 ATWOOD AVE</u>			Street Address <u>1854 ATWOOD AVE</u>		
City <u>JOHNSTON</u>	State <u>R. I.</u>	Zip <u>02919</u>	City <u>JOHNSTON</u>	State <u>R. I.</u>	Zip <u>02919</u>
Secretary Name <u>EDITH RAPONE</u>			Treasurer Name <u>EDITH RAPONE</u>		
Street Address <u>1854 ATWOOD AVE</u>			Street Address <u>1854 ATWOOD AVE</u>		
City <u>JOHNSTON</u>	State <u>R. I.</u>	Zip <u>02919</u>	City <u>JOHNSTON</u>	State <u>R. I.</u>	Zip <u>02919</u>
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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>600</u>	<u>COMMON</u>	<u>NONE</u>
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 <u>GUIDO RAPONE JR.</u>				Date <u>1/8/19</u>	
Signature of Authorized Representative <u>Guido Rapone Jr.</u>			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

JAN 10 2019

BY 17874 DS