



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

JAN 30 2020

2455

1. Entity ID Number 154590		2. Exact name of the Corporation Avanti Investment Group, Inc.			
3. Principal Office Address 1436 Victory Highway		City North Smithfield		State RI	Zip 02896
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To engage in the business of owning, leasing and maintaining real estate and all other lawfully related services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Leslie A. Zarrella		Vice-President Name Leslie A. Zarrella			
Street Address 1436 Victory Highway		Street Address Same as above			
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Leslie A. Zarrella		Treasurer Name Leslie A. Zarrella			
Street Address Same as above		Street Address Same as above			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Leslie A. Zarrella		Director Name			
Street Address same as above		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
		100	common	no par value	
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 Leslie A. Zarrella				Date 1/16/20	
Signature of Authorized Representative <i>Leslie A. Zarrella</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017