



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

FILED

JAN 21 2021

BY 19262

- 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 or 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</u>			Vice-President Name <u>GUIDO 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>	
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>1/21/21</u>	
Signature of Authorized Representative <u>Guido Rapone Jr.</u>						

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov