



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 10 2023

BY 9447 OS

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 business.				
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 1436 Victory Highway		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Leslie A. Zarrella			Treasurer Name Leslie A. Zarrella		
Street Address Same			Street Address Same		
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			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 2/20/23	
Signature of Authorized Representative <i>Leslie A. Zarrella</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov