



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

Annual Report for the year: 2023
Corporation

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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 OCT 10 A 9 49

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|--|--------------------|---|--|---------------------------------------|---------------------|
| 1. Entity ID Number 1675979 | | 2. Exact name of the Corporation Zanzi Corp | | | |
| 3. Principal Office Address 249 Hope Street, Apt 6 | | | City Bristol | State RI | Zip 02809 |
| 4. NAICS Code 713940 | | 6. Brief description of the character of business conducted in Rhode Island Fitness Center, gym | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Michael P Sousa | | | Vice-President Name Adelia Melo | | |
| Street Address 249 Hope Street, Apt 6 | | | Street Address 16 William Street | | |
| City Bristol | State RI | Zip 02809 | City Bristol | State RI | Zip 02809 |
| Secretary Name See Above | | | Treasurer Name Sandra DeCristofano | | |
| Street Address | | | Street Address 216 Council Rock Road | | |
| City | State | Zip | City Cranston | State RI | Zip 02921 |
| 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 |
| | | 3000 | | CNP | 0.00 |
| | | | | | |
| 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 Michael P Sousa | | | | Date 10/8/23 | |
| Signature of Authorized Representative | | | | FILED 950 | |
| | | | | SIGN DOCUMENT HERE OCT 10 2023 | |
| | | | | BY <u>15221</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