



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2024  
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 25 2024

BY 1014

1. Entity ID Number <b>00075032</b>		2. Exact name of the Corporation <b>Anziani Realty Corporation</b>			
3. Principal Office Address <b>1478 Atwood Avenue, Suite 202</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4 NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>To act as a general partner in a real estate limited partnership</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Raymond F Bruzzese</b>			Vice-President Name <b>Thomas M. Bruzzese</b>		
Street Address <b>1478 Atwood Avenue, Suite 202</b>			Street Address <b>120 Falcon Circle</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Richard Bruzzese</b>			Treasurer Name <b>Lori A. Szlashta</b>		
Street Address <b>56 Pasco Lane</b>			Street Address <b>43 Red Hawk Lane</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Anthony Bruzzese</b>			Director Name <b>Thomas A. Bruzzese</b>		
Street Address <b>10 Eagle Lane</b>			Street Address <b>46 Forbes Road</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Westwood</b>	State <b>MA</b>	Zip <b>02726</b>
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.		NUMBER OF SHARES		CLASS/SERIES	
Changes require an additional filing.		<b>600</b>		<b>Common</b>	
				<b>No Par</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Raymond F Bruzzese</b>				Date <b>03/22/2024</b>	
Signature of Authorized Representative 					

**MAIL TO:**  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov