



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

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[Signature]

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

MAIL TO:
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