State of Rhode Island
Department of State - Business Services Division

FILED
APR 24 2024
BY 9795 DS

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.

1. Entity ID Number	2. Exact name of the Corporation			
154590	Avanti Investment Group, Inc.			
3. Principal Office Address		City	State	Zip
1436 Victory Highway		North Smithfield	RI	02896
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	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 ☐

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 ☐

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

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 ☐

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: 4/16/24

Signature of Authorized Representative: Leslie A. Zarrella

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov