

## State of Rhode Island

## Department of State - Business Services Division

FEB 11 2025 BY 1023

FIELD

Annual Report for the year:	2025
Corporation	

Filing period: February 1 - May 1 Filing Fee: \$50.00

→ Penalty:	Additional	\$25.00	fee if	form is	s not f	iled b	v Mav	31.
------------	------------	---------	--------	---------	---------	--------	-------	-----

1 Entity ID Number						<u>:</u>		
00075032		2. Exact name of the Corporation  Anziani Realty Corporation						
	Anziani	Realty Corpo	ration					
3. Principal Office Address			City		State	Zıp		
1478 Atwood Avenue, Su				Johnston		02919		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
531110	To act as	To act as a general partner in a real estate limited partnership						
5. State of Incorporation								
RI								
7 List ALL officers (names and ad	dresses)			Check th	e box to indica	te an attachment 🔲		
President Name Raymond F Bruzzese			Vice-Presid	Vice-President Name Thomas M. Bruzzese				
Street Address 1478 Atwood Avenue, Suite 202			Street Acdress 120 Falcon Circle					
<sup>City</sup> Johnston	State RI	<sup>Zip</sup> 02919	City East Greenwich		State R	I 02818		
Secretary Name Richard Bruzz				Name Lori A. Szla	ashta			
Street Address 56 Pasco Lane			Street Address 43 Red Hawk Lane					
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City Cranston		State RI	Zio 02921		
8. List ALL directors (names and a	ddresses)		1			te an attachment		
Director Name		<u> </u>	Director Na		-	ie an attachment		
Anthony bruzze	ese 			Thomas A. I	Bruzzese			
Street Address 10 Eagle Lane			Street Add	Street Address 46 Forbes Road				
City East Greenwich	State RI	<sup>Z<sub>10</sub></sup> 02818	City Westwood		State M.	A 02726		
Director Name			Director Name					
Sireet Address	<u> </u>	-	Street Add	ress	_			
City	State	Zip	City		State	Zip		
Shares Authorized		10 85						
This information is currently of reco	rd in the	10. Shares issu		Check tr		ite an attachment  PAR VALUE		
Department of State. Changes require an additional filing		600		Common		No Par		
				Common		- INOT all		
11. This range must be executed a	a babalf of the		Al					
<ol> <li>This report must be executed of ceiver or trustee, this report must be</li> </ol>	on beliall of the o	corporation by an at behalf of the corpor	utnorized rep ation by the i	presentative. If the co receiver or frustop	orporation is in	the hands of a re-		
Under penalty of perjury, I decla	re and affirm th	nat I have examine	d this repor	t, including any ac	companying s	chedules and		
statements, and that all stateme	nts contained l	herein are true and	l correct.					
Name of Authorized Representative					Date			
Raymond F Bruzzese				02/07/2025				
S gnature of outported Represent	ative							

MAIL TO: Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov