RI SOS Filing Number: 202568300530 Date: 3/26/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 26 2025
BY 2090

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 not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
83719	West End Development Corporation			
3. Principal Office Address		City	State	Zip
685 Warren Avenue		East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	Real estate investment, development, purchase,sale,and repair of real and personal property and all other lawful purposes			
5. State of Incorporation				
Rhode Islamd				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John J. Lanni			Vice-President Name:		
Street Address: 685 Warren Avenue			Street Address:		
City: East Providence	State: RI	Zip: 02914	City:	State:	Zip:
Secretary Name: John J. Lanni			Treasurer Name: John J. Lanni		
Street Address: 685 Warren Avenue			Street Address: 685 Warren Avenue		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	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	Date
John J. Lanni	3/24/25
Signature of Authorized Representative	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021