



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025 - AMENDED
Corporation

STAMP

→ 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 83719		2. Exact name of the Corporation West End Development Corporation			
3. Principal Office Address 197 Taunton Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate investment, development, purchase, sale, and repair of real and personal property and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John J. Lanni			Vice-President Name		
Street Address 197 Taunton 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 197 Taunton Avenue			Street Address 197 Taunton 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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			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 John J. Lanni					Date 6/2/25
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

FILED

JUN 02 2025



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FORM 630- Revised 12/2023