



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025 - Amended
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: ~~\$50.00~~

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
OCT 23 PM 12:46:03
TAMP
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number <u>42224</u>		2. Exact name of the Corporation <u>Avanti Import Export, LTD</u>			
3. Principal Office Address <u>85 Pequot Road</u>		City <u>Pawtucket</u>		State <u>RI</u>	Zip <u>02861</u>
4. NAICS Code <u>424820</u>		6. Brief description of the character of business conducted in Rhode Island <u>Import - Export</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Albert Vitali Jr.</u>			Vice-President Name		
Street Address <u>85 Pequot Rd</u>			Street Address		
City <u>Pawr.</u>	State <u>RI</u>	Zip <u>02861</u>	City	State	Zip
Secretary Name			Treasurer Name <u>Albert Vitali Jr.</u>		
Street Address			Street Address <u>85 Pequot Rd</u>		
City	State	Zip	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 <u>ALBERT J VITALI JR</u>					Date <u>10/23/2025</u>
Signature of Authorized Representative <u>Albert J Vitali Jr.</u>					FILED <u>12:46pm</u>

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

OCT 23 2025
BY KM FORM 630- Revised: 10/2025



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 23, 2025 12:46 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

