



**State of Rhode Island
Department of State - Business Services Division**

FILED

Annual Report for the year: 2024
Corporation

FEB 08 2024
BY 18710 DS

- 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 <u>17726</u>		2. Exact name of the Corporation <u>LANZI FURS LTD INC.</u>			
3. Principal Office Address <u>1854 ATWOOD AVE</u>			City <u>JOHNSTON</u>	State <u>R. I.</u>	Zip <u>02919</u>
4. NAICS Code <u>112930</u>		6. Brief description of the character of business conducted in Rhode Island <u>FUR SALES</u>			
5. State of Incorporation <u>R. I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>GUIDO RAPONE JR.</u>			Vice-President Name <u>EDITH RAPONE</u>		
Street Address <u>1854 ATWOOD AVE</u>			Street Address <u>1854 ATWOOD AVE</u>		
City <u>JOHNSTON</u>	State <u>R. I.</u>	Zip <u>02919</u>	City <u>JOHNSTON</u>	State <u>R. I.</u>	Zip <u>02919</u>
Secretary Name <u>EDITH RAPONE</u>			Treasurer Name <u>GUIDO RAPONE JR.</u>		
Street Address <u>1854 ATWOOD AVE</u>			Street Address <u>1854 ATWOOD AVE</u>		
City <u>JOHNSTON</u>	State <u>R. I.</u>	Zip <u>02919</u>	City <u>JOHNSTON</u>	State <u>R. I.</u>	Zip <u>02919</u>
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
			<u>600</u>	<u>COMMON</u>	<u>NONE</u>
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>GUIDO RAPONE JR.</u>				Date <u>2/5/24</u>	
Signature of Authorized Representative <u>Guido Rapone Jr.</u>					

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