

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000005870

**Entity Name:** KAHN, LITWIN, RENZA & CO., LTD.

**Current Principal Place of Business:**

951 NORTH MAIN STREET  
PROVIDENCE, RI 02904

**Current Mailing Address:**

951 NORTH MAIN STREET  
PROVIDENCE, RI 02904 US

**FEI Number:** 05-0409384

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	DIR	Title	DIR
Name	OLIVEIRA, PAUL	Name	SURETTE JR, JOHN
Address	9 ADAMS CIRCLE	Address	4 HEATHER COURT
City-State-Zip:	REHOBOTH MA 02769	City-State-Zip:	COVENTRY RI 02816

Title	DIR	Title	PRESIDENT
Name	MANGIARELLI, ANTHONY	Name	OLIVEIRA, PAUL
Address	64 GINGER TRAIL	Address	9 ADAMS CIRCLE
City-State-Zip:	CONVENTRY RI 02816	City-State-Zip:	REHOBOTH MA 02769

Title	TREASURER, SECRETARY	Title	VP, DIRECTOR
Name	SILVA, HENRY A.	Name	YALANIS, LAURA
Address	18 STONY LANE	Address	22 PRAIRIE AVENUE
City-State-Zip:	SMITHFIELD RI 02917	City-State-Zip:	NEWPORT RI 02840

Title	DIRECTOR
Name	DUBOIS, LOREE
Address	588 WINTHROP STREET
City-State-Zip:	REHOBOTH MA 02769

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL OLIVEIRA

**PRESIDENT**

**02/16/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date