For: JR103629 Inspector General

J L professional resume 7.23.19.doc

Phone Composite Header Grouping Icon	Phone
Email Composite Header Grouping Icon	Email
Location Header Grouping Icon	Location
Jobs Applied to	1
Documents with Check Header Grouping Icon	Documents with Check

Attachments

Attachments

Resume / Cover Letter

Attachment	
J L professional resume 7.23.19.doc	

Other Documents

Attachment	Category	

Candidate

Job Application Details Card

Job Application Details

Job Requisition	JR103629 Inspector General (Open)
Location	Providence
Date Applied	08/17/2026 03:10:21 PM
Source	Internal -> Internal Application

Thomas A Verdi
Hiring Manager

Colleen Halloran-Villandr
Recruiter

In Progress

	Step	Awaiting Me	Awaiting
Screen: James V Lanzi (Internal) - JR103629 Inspector General (C109298)	Referred	Screen Candidate	1

Active Job Applications

Active Job Applications (1)

Job Application for Active Job Applications
Task James V Lanzi (Internal) - JR103629 Inspector General (C109298)
Stage Label Referred
Location: Providence | Date Applied: 08/17/2026

Education

Education

Rhode Island College
Two Bachelor Degrees
Psychology
From 1999
To 2003

Work History

Work History

Current Job 7 years
Total Jobs 1
Total Experience 7 years

Experience

OCSS
Child support enforcement agent 3
April 2019 - Current (7 years, 5 months)
Providence, RI
Investigate and work child support cases.

Credentials

Languages

Italian
Overall - 3 - Intermediate

Websites

none entered

Skills

none entered

James Lanzi

[redacted]

James.lanzi@dhs.ri.gov

August 20, 2026

Application for the position of Inspector General

Dear members of the search committee,

I am writing to formally express my interest in the position of Inspector General for the State of Rhode Island. As a dedicated, lifelong Rhode Island resident, I am deeply committed to the transparency, accountability and fiscal integrity of our state government operations. I am eager to bring my reputation for dependability, operational efficiency and rapid problem solving to the forefront of this critical oversight office.

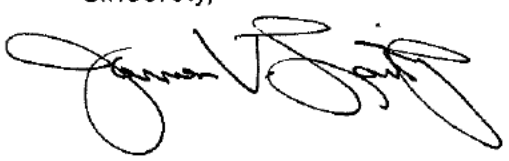
The position of Inspector General requires a leader who can learn complex regulatory structures, analyze datasets and identify systematic vulnerabilities without disrupting essential state services. Throughout my career, I have proven to be an exceptional quick learner who masters new systems, frameworks and performance measures. I do not require a long runway to become effective. I dive into operational challenges and deliver results from day one.

My professional signature has been built on efficiency and dependability. Leaders and peers have consistently relied on me as an anchor to garner answers to their questions in a demanding environment. When critical or sensitive cases requires precise execution and strict confidentiality, I deliver every time.

I am highly motivated to protect the public trust and ensure that Rhode Island's state agencies operate at the highest ethical and operational standards. I understand I do not have the resume or experience as other candidates but I promise you that given the opportunity, you will get everything I have and more. This is why I am the right choice for the position of Inspector General

Thank you for your time, consideration and service to our great state,

Sincerely,



James Lanzi

[redacted], [redacted] RI [redacted]

[redacted]

[redacted]

PROFILE

Performance-driven and results oriented professional with strong technical, analytical and consultative skills to ensure maximum fulfilment and production. Strong leadership skills and ability to work well in a team or independently.

EDUCATION

Bachelor of Arts Degree, Psychology
Rhode Island College

Bachelor of Arts Degree, Criminal Justice
Rhode Island College

SKILLS

- Bilingual, English and Italian
- CPR/First Aid Certified
- Microsoft Office
- Certified Living Aid

PROFESSIONAL EXPERIENCE

State of Rhode Island- RICLAS Hope Valley, RI September 2006- August 2018
Certified Living Aid- CLA

- Cared for individuals with Intellectual Disabilities, co-occurring mental health disorders and medical concerns
- Assisted and provided quality care with daily living skills.
- Encouraged positive behaviors and promoted use of skills in accordance to personal goals.
- Provided community interaction.
- Implemented Behavior Modification using Behavioral Analysis to reduce or extinct maladaptive behaviors.
- Used Crisis prevention and behavioral management to avert crisis situations.
- CPR & First-Aid certified.

State of Rhode Island- Department of Human Services August 2018-April 2019
Customer Service Aide

- Greet, direct and provide information to the public regarding government programs.
- Assist the public in the preparation of forms, records and use of the computer systems.
- Prepare, verify, sort, batch and scan all documents for new and existing customers.
- Maintain proper management for all case records upholding HIPPA regulations.
- To perform variety of clerical duties, including but not limited to: producing digital copies of documents, ensuring the quality of original and digital copies of documents, filing and indexing digital copies, receive inter-departmental mail and distribute to its proper destination, answer phones, take messages and operate office machinery.

State of Rhode Island- Department of Human Services April 2019- present
Child Support Enforcement Agent 3

- Familiarity with federal and state laws, regarding child support programs.
- To be responsible for implementation of the child support program including adjudication of paternity, absent parent location, and interstate case processing.
- Enforcement of child support court orders through legal mechanisms of contempt hearing though RI Family Court.
- To gather evidence and give testimony at administrative and Family Court Hearings.
- Preparation of clear concise reports regarding court orders and administrative decision of cases.
- Make qualitative research decisions regarding child support cases and outcomes.

References

Available upon request

RHODE ISLAND ETHICS COMMISSION

40 Fountain Street
Providence, RI 02903
(401) 222-3790

2025 YEARLY FINANCIAL STATEMENT

To complete and file online visit: https://www.ri.gov/ethics

ALL QUESTIONS REFER TO THE 2025 CALENDAR YEAR UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. WE WILL NOT ACCEPT A STATEMENT IF ANY QUESTIONS ARE LEFT BLANK.

ANSWERS SHOULD BE PRINTED OR TYPED. Additional sheets may be used if more space is needed. For clarification of any question, refer to the Instruction Sheet or contact the Ethics Commission.

Note: If you are a state, municipal or regional official or employee, or a candidate for elected office, who is required to file a Yearly Financial Statement, failure to file accurately and on time may subject you to a substantial monetary fine. If you dispute your status as a required filer, you must contact the Ethics Commission prior to the filing deadline. **Upon filing of this form, it will become a public document available for review.**

1. LANZI (LAST NAME) | JAMES (FIRST NAME) | V. (MIDDLE INITIAL) | (SUFFIX)

2. [redacted] (CURRENT MAILING ADDRESS: STREET OR PO BOX) | [redacted] (CITY/TOWN) | R.I. (STATE) | [redacted] (ZIP CODE)

3. List any Public Position(s) you held for any length of time in calendar years 2025 or 2026.

PUBLIC POSITION	MUNICIPALITY, STATE OR REGIONAL ENTITY	DATE ELECTED, APPOINTED OR HIRED	TERMINATION OR RESIGNATION DATE (IF APPLICABLE)
NONE		N/A	N/A
NONE		N/A	N/A

4. List any elected office (state, municipal or regional) for which you were/are a candidate in either calendar year 2025 or 2026.

ELECTED OFFICE	MUNICIPALITY, STATE OR REGIONAL ENTITY	DATE CANDIDACY DECLARED
NONE		

5. List full name of spouse if you were married or were a party to a civil union for any part of 2025.

STEPHANIE R. LANZI

6. This question has **two parts**, each referring to occupational income received during calendar year 2025.

PART I: Provide a separate answer for each instance in which you, your spouse or dependent child received either $1,000 or more gross income from an employer during 2025; or $1,000 or more gross income through self-employment. Income received from public employment or service, incuding any stipend received for serving as an elected or appointed official, must be disclosed. List the following:

PERSON WHO RECEIVED INCOME	NAME & ADDRESS OF EMPLOYER OR SELF-EMPLOYMENT ENTITY	DATES AND NATURE OF OCCUPATION OR PROFESSION
JAMES LANZI	STATE OF R.I.	JAN 2025 - DEC 2025 OFFICE OF CHILD SUPPORT
STEPHANIE LANZI	STATE OF R.I.	JAN 2025 - DEC 2025 ELEANOR SLATER HOSPITAL

PART II: If you, your spouse or dependent child were self-employed and received more than $250 in gross income for services rendered to a state or municipal agency, list the following:

PERSON WHO RECEIVED INCOME	NAME & ADDRESS OF AGENCY RECEIVING SERVICES	DATES AND NATURE OF SERVICES RENDERED
N/A	N/A	N/A

7. List any real estate, wherever located, other than real estate that is used **exclusively** (see instructions) as your principal residence, in which you, your spouse or dependent child had a financial interest during any part of calendar year 2025. If no street address exists, use legal description.

PERSON WITH INTEREST	NATURE OF INTEREST	ADDRESS OR LEGAL DESCRIPTION
JAMES LANZI	SUMMER CABANA	BONNET SHORES BEACH CLUB

8. If you, your spouse or dependent child received **any** income as a beneficiary of any trust, list the following:

NAME OF PERSON RECEIVING TRUST INCOME: N/A

NAME OF TRUST: N/A

TRUSTEE NAME AND ADDRESS: N/A

LIST EACH TRUST ASSET, IF KNOWN, FROM WHICH MORE THAN $1,000 IN GROSS INCOME WAS RECEIVED (ASSET VALUE NEED NOT BE DISCLOSED): N/A

9. If you, your spouse or dependent child held a management position or were a director, officer, partner, or trustee of any business, organization or other entity (for profit or non-profit), whether paid or unpaid for such service, list the following:

NAME OF FAMILY MEMBER	NAME & ADDRESS OF ENTITY	POSITION
N/A	N/A	N/A

10. If during the 2025 calendar year any person or entity provided you with out-of-state travel valued at over $250, AND you would not have been provided with such travel but for the fact that you held a public office or position, you must list the source, value and description of the travel and related expenses below. Attach additional sheets if necessary.

Out-of-state travel includes all related expenses such as transportation, lodging, meals and entertainment. All of these expenses are considered together when determining whether the $250 limit has been reached.
Exceptions: You do not have to disclose out-of-state travel that is provided to you either by your regular private employer or by the state or municipal agency of which you are a member or by which you are employed.

NAME AND ADDRESS OF TRAVEL PROVIDER	TRAVEL PURPOSE AND DESTINATION	DESCRIPTION AND COST OR FAIR MARKET VALUE OF EXPENSE (TRANSPORTATION, LODGING, MEALS & ENTERTAINMENT)
N/A	N/A	N/A

11. If at any point during calendar year 2025, you, your spouse, or dependent child individually or collectively held a 10% or greater ownership interest, or a $5,000 or greater ownership or investment interest in any business (including holding publicly traded stock in a company), you must list the following (attaching additional sheets if necessary):

NAME OF FAMILY MEMBER	NATURE OF INTEREST	NAME & ADDRESS OF BUSINESS (NO ADDRESS NEEDED FOR PUBLICLY TRADED STOCK HOLDINGS)
N/A	N/A	N/A

12. If, during calendar year 2025, any business you listed in Question #11 had one or more business transactions with a Rhode Island state or municipal agency that, collectively, exceeded $250, list the following:

NAME OF BUSINESS	WAS INTEREST IN BUSINESS HELD ALL YEAR? IF NOT, LIST DATE INTEREST ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY TRANSACTING BUSINESS	DATE AND NATURE OF TRANSACTION
N/A	N/A	N/A	N/A

13. If, during calendar year 2025, any business listed in Question #11 was subject to direct regulation by a Rhode Island state or municipal agency (see instructions for examples of direct regulation), list the following:

NAME OF BUSINESS	WAS INTEREST IN BUSINESS HELD ALL YEAR? IF NOT, LIST DATE INTEREST ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY REGULATING BUSINESS	MANNER IN WHICH BUSINESS IS REGULATED
N/A	N/A	N/A	N/A

14. This question relates to business interests, acquired or divested AFTER calendar year 2025, **that are regulated by a public agency.** Answer below regarding any businesses in which you, your spouse, or dependent child individually or collectively ACQUIRED or DIVESTED a 10% or greater ownership interest or a $5,000 or greater ownership or investment interest (including holdings of publicly traded stock) AFTER JANUARY 1, 2026 but prior to filing this statement, IF said business was subject to direct regulation by a Rhode Island state or municipal agency. (See instructions for examples of direct regulation.)

NAME OF BUSINESS	NATURE OF INTEREST AND DATE ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY REGULATING BUSINESS	MANNER IN WHICH BUSINESS IS REGULATED
N/A	N/A	N/A	N/A

15. This question relates to business interests, acquired or divested AFTER calendar year 2025, **that did business with a public agency.** Answer below regarding any business in which you, your spouse, or dependent child individually or collectively ACQUIRED or DIVESTED a 10% or greater ownership interest or a $5,000 or greater ownership or investment interest (including holdings of publicly traded stock) AFTER JANUARY 1, 2026 but prior to filing this statement, IF said business had one or more business transactions with a Rhode Island state or municipal agency that, collectively, exceeded $250.

NAME OF BUSINESS	NATURE OF INTEREST AND DATE ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY TRANSACTING BUSINESS	DATE AND NATURE OF TRANSACTION
N/A	N/A	N/A	N/A

16. If you, your spouse, or dependent child were indebted in an amount exceeding $1,000 to any person, business, financial institution, or other organization, list the name and address of the lender or creditor. This does NOT include, and you should not list, the following types of debt: (a) debt owed to a family member within the third degree of consanguinity or affinity (see instructions); (b) debt that is secured solely by a mortgage of record on real property that is used exclusively as a principal residence, if the debt is held by a financial institution regulated by any state or by the United States; or (c) debt owed to a credit card company, unless the collection of such credit card debt resulted in court proceedings and the issuance of a default judgment that was not fully satisfied/paid by the start of the relevant filing year.

NAME OF DEBTOR	NAME AND ADDRESS OF LENDER OR CREDITOR
N/A	N/A

I certify under penalty of perjury that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests of myself, my spouse, and my dependent children. I understand that a failure to provide complete and accurate responses to each question is a violation of the law that may result in the imposition of substantial penalties, including fines. I understand that I am subject to the statutory and regulatory provisions of the Rhode Island Code of Ethics (available at https://ethics.ri.gov or by contacting the Ethics Commission) and that I may seek assistance and guidance from the Ethics Commission as to any issues or questions I have relative to my conduct under the Code of Ethics or as to the information that must be disclosed on this Financial Statement.

SIGNATURE Tamanesha Toms

State of Rhode Island County of Providence

Subscribed and sworn to before me at Cranston this 20th day of August 2026.

My Commission expires 6/28/28 ID # 772221

SIGNATURE OF NOTARY PUBLIC

NOTARY PUBLIC STATE OF RHODE ISLAND COMM. EXP. 06/28/2028

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED OR IF ANY QUESTION IS NOT ANSWERED. (USE "N/A" OR "NONE" WHERE APPROPRIATE.)