



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000105267		2. Exact name of the Corporation Ralph J. Nassa Custom Floors, Inc.			
3. Principal office address 44 Mystery Farms Drive		City Cranston	State RI	Zip 02921	
4. Business Phone No. (401) 461-9637		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To make, manufacture, sell and install floors, flooring and flooring material.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Ralph J. Nassa			Vice-President Name Nancy Nassa		
Street Address 44 Mystery Farms Drive			Street Address 44 Mystery Farms Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Mary Ann Nassa			Treasurer Name Donna E. Nassa		
Street Address 39 Sachem Drive, #210			Street Address 58 Lake Road		
City Cranston	State RI	Zip 02920	City Narragansett	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 04 2014

BY Ch 216480

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.

Donna E. Nassa
Signature of Authorized Representative

2/4/14
Date

DONNA E. NASSA
Print or Type Name of Authorized Representative