



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
R.I. DEPT. OF STATE
FEB 3 2017

2017 FEB -3 PM 12:12

1. Entity ID Number 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. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island To make, manufacture, sell and install floors, flooring and flooring material.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City Cranston	State RI
Zip 02921		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	City Narragansett	State RI
Zip 02920		Zip 02882	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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.			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES CLASS/SERIES PAR VALUE			
100		Common	No Par
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 Donna E. Nassa			Date 2/3/2017
Signature of Authorized Representative <i>Donna E. Nassa</i>			

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

FEB 03 2017

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FORM 630 - Revised: 10/2016