RI SOS Filing Number: 201857131660 Date: 1/29/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000083185	ANASTASI'S INC.

3. Principal Office Address	City	State	Zip
64 CASTLETON DRIVE	CRANSTON	RI	02921

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811490	REFRIGERATION / HEATING SERVICES
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: KARL J. ANASTASI			Vice-President Name: LISA A. ANASTASI		
Street Address: 64 CASTLETON DRIVE			Street Address: 64 CASTLETON DRIVE		
City: CRANSTON	State: RI	Zip: 02921	City: CRANSTON	State: RI	Zip: 02921
Secretary Name: KARL J. ANASTASI			Treasurer Name: LISA A. ANASTASI		
Street Address: 64 CASTLETON DRIVE			Street Address: 64 CASTLETON DRIVE		
City: CRANSTON	State: RI	Zip: 02921	City: CRANSTON	State: RI	Zip: 02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	CNP	$0.00

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: Lisa Anastasi - Vice Pres. — Date: 1/26/18

Signature of Authorized Representative: [signature] - Vice President

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

FILED
JAN 29 2018
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FORM 630 - Revised: 10/2017