



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2018 FEB 27 AM 8:35

1. Entity ID Number <b>000105267</b>		2. Exact name of the Corporation <b>Ralph J. Nassa Custom Floors, Inc.</b>			
3. Principal Office Address <b>44 Mystery Farms Drive</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>238330</b>	6. Brief description of the character of business conducted in Rhode Island <b>To make, manufacture, sell and install floors, flooring and flooring material.</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ralph J. Nassa</b>			Vice-President Name <b>Nancy Nassa</b>		
Street Address <b>44 Mystery Farms Drive</b>			Street Address <b>44 Mystery Farms Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Mary Ann Nassa</b>			Treasurer Name <b>Donna E. Nassa</b>		
Street Address <b>39 Sachem Drive #210</b>			Street Address <b>58 Lake Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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. <b>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.</b>					
Name of Authorized Representative <b>Donna E. Nassa</b>					Date <b>2/27/18</b>
Signature of Authorized Representative <i>Donna E. Nassa</i>					

SIGN DOCUMENT HERE

FEB 27 2018

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

BY **325284**  
**A.A.**