



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.

RECEIVED STATE  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION  
 2018 SEP 20 PM 2:10

1. Entity ID Number <b>000146611</b>		2. Exact name of the Corporation <b>F. Nasiff, Jr. &amp; Co., Inc.</b>			
3. Principal Office Address <b>538 Plymouth Avenue</b>		City <b>Fall River</b>		State <b>MA</b>	Zip <b>02720</b>
4. NAICS Code <b>424480</b>		6. Brief description of the character of business conducted in Rhode Island <b>Wholesale selling and distribution of produce and vegetables.</b>			
5. State of Incorporation <b>Massachusetts</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>Steven R. Nasiff</b>			Vice-President Name		
Street Address <b>11 Osprey Drive</b>			Street Address		
City <b>Berkley</b>	State <b>MA</b>	Zip <b>02779</b>	City	State	Zip
Secretary Name <b>Douglas J. Nasiff</b>			Treasurer Name <b>Douglas J. Nasiff</b>		
Street Address <b>9 Nuthatch Lane</b>			Street Address <b>9 Nuthatch Lane</b>		
City <b>North Dartmouth</b>	State <b>MA</b>	Zip <b>02747</b>	City <b>North Dartmouth</b>	State <b>MA</b>	Zip <b>02747</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 <b>Steven R. Nasiff</b>			Director Name <b>Douglas J. Nasiff</b>		
Street Address <b>11 Osprey Drive</b>			Street Address <b>9 Nuthatch Lane</b>		
City <b>Berkley</b>	State <b>MA</b>	Zip <b>02779</b>	City <b>North Dartmouth</b>	State <b>MA</b>	Zip <b>02747</b>
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		PAR VALUE
			CLASS/SERIES		
			<b>100</b>	<b>CNP</b>	<b>\$0.00</b>
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>Steven R. Nasiff</b>					Date <b>9/20/18</b>
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

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

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