



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division


Annual Report for the year: **2015**  
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  
CORPORATIONS  
DIV  
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.			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>CNP</b>	PAR VALUE <b>\$0.00</b>
Changes require an additional filing.					
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 <b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.govSEP 20 2018  
BY **1621E**  
**2:19**

FORM 630 - Revised: 10/2017