



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2014**  
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 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					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>CNP</b>	PAR VALUE <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 <i>Steven R. Nasiff</i>					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

SEP 20 2018  
BY *[Signature]* 16218  
21.18