



State of Rhode Island and Providence Plantations

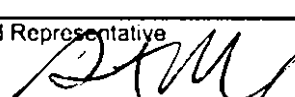
Department of State - Business Services Division

Annual Report for the year: **2008**
Corporation

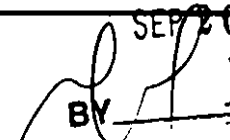
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000146611		2. Exact name of the Corporation F. Nasiff, Jr. & Co., Inc.			
3. Principal Office Address 538 Plymouth Avenue			City Fall River	State MA	Zip 02720
4. NAICS Code 424480		6. Brief description of the character of business conducted in Rhode Island Wholesale selling and distribution of produce and vegetables.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven R. Nasiff			Vice-President Name		
Street Address 11 Osprey Drive			Street Address		
City Berkley	State MA	Zip 02779	City	State	Zip
Secretary Name Douglas J. Nasiff			Treasurer Name Douglas J. Nasiff		
Street Address 9 Nuthatch Lane			Street Address 9 Nuthatch Lane		
City North Dartmouth	State MA	Zip 02747	City North Dartmouth	State MA	Zip 02747
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven R. Nasiff			Director Name Douglas J. Nasiff		
Street Address 11 Osprey Drive			Street Address 9 Nuthatch Lane		
City Berkley	State MA	Zip 02779	City North Dartmouth	State MA	Zip 02747
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Steven R. Nasiff					Date 9/20/18
Signature of Authorized Representative 					FILED
SIGN DOCUMENT HERE					

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  J6NIE
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FORM 630 - Revised: 10/2017