



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Corporation

2019

- 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 DIVISION

2019 MAR 14 PM 2:20

1. Entity ID Number <u>001526563</u>		2. Exact name of the Corporation <u>Nanay's Store and Services, Inc.</u>			
3. Principal Office Address <u>24 Quaker Lane</u>		City <u>Warwick</u>		State <u>RI</u>	Zip <u>02886</u>
4. NAICS Code <u>445299</u>		6. Brief description of the character of business conducted in Rhode Island <u>Retail Grocery Store General Items</u>			
5. State of Incorporation <u>MA</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Eric Laranang</u>			Vice-President Name		
Street Address <u>35 Circular St.</u>			Street Address		
City <u>North Attleboro</u>	State <u>MA</u>	Zip <u>02760</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Theresa Hickey</u>			Director Name		
Street Address <u>35 Circular St.</u>			Street Address		
City <u>North Attleboro</u>	State <u>MA</u>	Zip <u>02760</u>	City	State	Zip
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.			NUMBER OF SHARES		
Changes require an additional filing.			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 <u>Theresa Hickey</u>					Date <u>3/14/2019</u>
Signature of Authorized Representative <u>Theresa Hickey</u>					

FILED

MAR 14 2019

BY v9m0m