



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

MAR 15 2019

BY

12913
001

| | | | | | |
|--|--------------------|--|---|----------------------------|--------------------------|
| 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 STEVEN R. NASIFF | | | Treasurer Name STEVEN R. NASIFF | | |
| Street Address 11 OSPREY DRIVE | | | Street Address 11 OSPREY DRIVE | | |
| City BERKLEY | State MA | Zip 02779 | City BERKLEY | State MA | Zip 02779 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name STEVEN R. NASIFF | | | Director Name | | |
| Street Address 11 OSPREY DRIVE | | | Street Address | | |
| City BERKLEY | State MA | Zip 02779 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 100 | CLASS/SERIES CNP | PAR VALUE 0.00 |
| 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 3.12.19 | |
| Signature of Authorized Representative | | | 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