State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**FILED**

MAR 15 2019

BY 2913

## 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.

| 1. Entity ID Number | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 000146611 | F. NASIFF JR & CO., INC. | | | |
| 3. Principal Office Address | | City | State | Zip |
| 538 PLYMOUTH AVENUE | | FALL RIVER | MA | 02720 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 424480 | 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 ☐

| | | | | | |
|---|---|---|---|---|---|
| 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 ☐

| | | | | | |
|---|---|---|---|---|---|
| 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

**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 ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 | CNP | 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 | Date |
|---|---|
| STEVEN R. NASIFF | 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

FORM 630 - Revised: 10/2017