



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

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

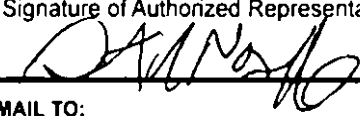
- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	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 STEVEN R. NASIFF				Date 3.12.19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov