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

Annual Report for the year: 2021
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
FEB 10 2021
BY DQ62

1. Entity ID Number	2. Exact name of the Corporation			
542813	**Nash Contracting, Inc.**			
3. Principal Office Address		City	State	Zip
209 Main Street		**North Brookfield**	**MA**	**01535**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
23 0 1 0	**General Contractor**			
5. State of Incorporation				
MA				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **John E. Nash**			Vice-President Name **Eric Nash**		
Street Address **209 Main Street**			Street Address **27 Shore Road**		
City **North Brookfield**	State **MA**	Zip **01535**	City **North Brookfield**	State **MA**	Zip **01535**
Secretary Name			Treasurer Name **John E. Nash**		
Street Address			Street Address **209 Main Street**		
City	State	Zip	City **North Brookfield**	State **MA**	Zip **01535**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**12,500**	**cnp**	**-0-**
Changes require an additional filing.			

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
Eric Nash	1-13-21

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