



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

FILED

FEB 10 2021

BY DQ62

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.

1. Entity ID Number 542813		2. Exact name of the Corporation Nash Contracting, Inc.			
3. Principal Office Address 209 Main Street			City North Brookfield	State MA	Zip 01535
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island General Contractor			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		12,500		cnp	-0-
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. <i>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.</i>					
Name of Authorized Representative Eric Nash				Date 1-19-21	
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