



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 520500	2. Exact name of the Corporation Nassaney Brothers Landscaping Inc.
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2023 JAN -6 PM 1:49

3. Principal Office Address c/o Kyle Nassaney PO Box 24	City Bristol	State RI	Zip 02809
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4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island Landscaping services
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kyle Nassaney			Vice-President Name Cory Nassaney		
Street Address PO Box 24			Street Address PO Box 24		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Cory Nassaney			Treasurer Name Kyle Nassaney		
Street Address PO Box 24			Street Address PO Box 24		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kyle Nassaney			Director Name Cory Nassaney		
Street Address PO Box 24			Street Address PO Box 24		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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
	100	Common	.01

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 Kyle Nassaney	Date 12/29/22
Signature of Authorized Representative 	

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 06 2023
 BY *KS*