



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN -6 PM 1:49

1. Entity ID Number 520500		2. Exact name of the Corporation Nassaney Brothers Landscaping Inc.			
3. Principal Office Address c/o Kyle Nassaney PO Box 24			City Bristol	State RI	Zip 02809
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE .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

JAN 06 2023

BY KS

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: 11/2021