



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

DEC 23 2024

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

1415 ✓

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 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 12/19/24		
Signature of Authorized Representative 						

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