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State of Rhode Island						
Department of State Rusiness Services Division						
Annual Report for the year: 202			FEB 13 2025		•	
Corporation			BY	7 75 44		
Filing period: February 1 - May 1				, \	2 1.3	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not fi	lad by May 31				•	
1. Entity ID Number 2. Exact name of						
13092 J.P. n	nassei	Home	e Improve	ments	INC.	
3. Principal Office Address		City	+	State	Zip	
an Norton St		1 tai	Ntucket	RI	09860	
4. NAICS Code 6. Brief description	on of the character			land	•	
230118 Home Improvements						
5. State of incorporation		• -				
KI						
7. List ALL officers (names and addresses)		Ivian Praci	Check the bo	x to indicate	an attachment	
JAMES P. MASSE	1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	mme			
Stroet Address Norton St.		Street Add	ress			
City PAUTUCKET STATE	2000 CO	City		State	Zip	
Secretary Name Doben L. MASSEI		Treasurer Name SAMC				
Street Address Norton St		Street Address				
City PAWTICKET State	Zip > 260	City		State	Zip	
8. List ALL directors (names and addresses)	10000	<u> </u>	Check the bo	x to indicate	an attachment	
Director Name		Director Name				
Street Address			Street Address			
City State	Zip	City		State	Zip	
Director Name	<u> </u>	Director N	2 me	<u> </u>		
Street Address		Street Address				
City State	Zip	City		State	Zip	
9. Shares Authorized	10. Shares Issue				an attachment	
Department of State		(ARES	CLASS/SERIES			
·	100		Common		NOTAR	
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 re-						
ceiver 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.						

Signature of Authorized Representative