RI SOS Filing Number: 202579499960 Date: 10/3/2025 3:40:00 PM

State of Rhode Island

| Department of State - Business Services Annual Report for the year: 2025 Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. | | | RIDOS 6SD 1 3 PK3:20:0 | | | |
|---|--|------------------------------|--|------------------------------|----------------------|-----------------------------|
| 1. Entity ID Number 000013758 | 2. Exact name o | of the Corporation ROS. INC. | 1 | | · - | |
| 3. Principal Office Address 14 RESERVOIR AVE. | | | City BRIST | OL | State RI | Z _{ip} 02809 |
| 4. NAICS Code 238220 5. State of Incorporation RI | 6. Brief description of the character of business conducted in Rhode Island PLUMBING REPAIRS AND HEATING CONTRACTORS | | | | | |
| 7. List ALL officers (names and addresses) President Name | | | Check the box to indicate an attachment Vice-President Name | | | |
| NICHOLAS NAPPI , 111 | | | | | | |
| Street Address 17 CENTER STREET | | | Street Address | | | |
| City BRISTOL | State RI | ^{Zip} 02809 | City | | State | Zip |
| Secretary Name | | | Treasurer Name | | | |
| Street Address | | | John E. Nappi Street Address 7 Contex St | | | |
| City | State | Zıp | City | istal | State R | Zip 0 2 % ← Î |
| B. List ALL directors (names and addresses) Director Name Street Address | | | Check the box to indicate an attachment Director Name Street Address | | | |
| City | State | Zip | City | | State | Ζιρ |
| Director Name | <u></u> | | Director Name | | <u> </u> | <u> </u> |
| Street Address | | | Street Address | | | |
| City State Zip | | Tzio | City State Zip | | | |
| | Otato | , | · | | | |
| This information is currently of record in the | | | 10. Shares Issued Check the NUMBER OF SHARES CLASS/SFR | | | e an attachment FAR VALUE |
| | | 150 | | CNP | 0 | |
| | | | | | | • • • |
| 11. This report must be executed o | on behalf of the cor | poration by an a | uthorized rep | I presentative. If the co | orporation is in the | ne hands of a re- |
| ceiver or trustee, this report must be Under penalty of perjury, I decla | | | | | companying sc | hedules and |
| statements, and that all statements contained herein are true and correct. | | | | | | |
| Name of Authorized Representative NICHOLAS NAPPI | | | | | Date 10/3/25 | |
| Signature of Authorized Representative FILED FILED | | | | | | |
| MAIL TO: 1107 1 U 3 2025 | | | | | | |

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

630- Reused (12/2023)