RI SOS Filing Number: 202579500260 Date: 10/3/2025 3:38:00 PM

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State of Rhode Island Department of State - Business Services Division						0. C	
						STAMP	
Annual Report for the year:						600 6000	
Corporation ————————————————————————————————————						SECRETARYOF STATE SUBEDALY	
→ Filing period: February 1 - May 1 → Filing Fee. \$50.00							
→ Penalty: Additional \$25.00						<u>_</u>	
1. Entity ID Number 000013758	2. Exact name of the Corporation NAPPI BROS. INC.						
3. Principal Office Address	INAFFI	SRUS. INC.			To.		
14 RESERVOIR AVE.			City	TOI	State	Zip 02809	
4. NAICS Code					1	02809	
238220		Brief description of the character of business conducted in Rhode Island PLUMBING REPAIRS AND HEATING CONTRACTORS					
State of Incorporation	-						
RI							
7. List ALL officers (names and ad	ldresses)			Chec	k the box to indi	cate an attachment	
President Name NICHOLAS NAPPI			Vice-President Name				
Street Address 17 CENTER STREET			Street Address				
City	State Zin		City State Zip				
BRISTOL	RI	¹¹⁵ 02809	City		State	Zıp	
Secretary Name			Treasurer Name John E. Nappi				
Street Address		· -	Street Ad	dress	144 12 621		
City	State	15		. (- ,		
	State	Zıp	City Br	is tel	State R.	7.0850	
List ALL directors (names and a Director Name	(ddresses			Chec	k the box to indi	cate an attachment	
Director (Varine			Director N	vame			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name	<u> </u>		·				
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
O Chara Authoria	<u></u>						
9. Shares Authorized This Information is currently of reco	rd in the	10. Shares Issu			k the box to indi	cate an attachment FAR VALUE	
Department of State. Changes require an additional filing.		150		CNP		0	
11. This report must be executed of	on behalf of the	corporation by an a	uthorized re	inresentative. If th	a composition is	n the hands of a re	
<u>(ceiver or trustee, this report must b</u>	<u>pe executed on :</u>	<u>be</u> half of the corpor	ation by the	receiver or truste	e.		
Under penalty of perjury, I decla statements, and that all stateme	re and affirm ti nts contained	hat I have examine herein are true and	d this repo d correct.	ort, including any	accompanying	schedules and	
Name of Authorized Representative				···	Date		
NICHOLAS NAPPI , III				•		13/25	
Signature of Authorized Representative							
Mutol My	1527				NAT A 1, 101E		
MAIL TO: Division of Business Services					(C) UJ <u>ZUZ</u> J		

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY AVP30
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