

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filmo period: February 1 - May 1

STAMP

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.):20		
1. Entity ID Number 000013758	2. Exact nam	2. Exact name of the Corporation NAPPI BROS. INC.					
3. Principal Office Address 14 RESERVOIR AVE.			City BRIST	rol .	State RI	Z _{ip} 02809	
4. NAICS Code	6. Brief descr	iption of the charact	ter of busine	ss conducted in R	thode Island		
238220		PLUMBING REPAIRS AND HEATING CONTRACTORS					
5. State of Incorporation							
RI							
7. List ALL officers (names ar	nd addresses)		Ivaa Daa		k the box to indicate a	in attachment 🔲	
President Name NICHOLAS NAPPI			Vice-President Name				
Street Address 17 CENTER STREET			Street Address				
^{City} BRISTOL	State RI	^{Zip} 02809	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address 7 Conter St.				
City	State	Zıp	City	s to l	State RI	Sip Zip	
8. List ALL directors (names a	and addresses)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Check	k the box to indicate a	n attachment	
Director Name				Director Name			
Street Address			Street Address				
City	State	Zıp	City	/	State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zṛp	
9 Shares Authorized		10. Shares Issu		Chec	k the box to indicate a	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
This information is currently of record in the Department of State. Changes require an additional filing.		NUVBER OF SHARES		CLAS	S/SERIES	S PAR VALUE	
		150		CNP	0	0	
Changes require an additional	ming.			-		_	
11. This report must be execu	ted on behalf of the	corporation by an au	uthorized rep	resentative. If the	corporation is in the	hands of a re-	
ceiver or trustee, this report m Under penalty of perjury, I d	lust be executed on leclare and affirm to	behalf of the corpora	ation by the	receiver or trustee	eccompanying sch	dules and	
<u>statements, and that all</u> stat	tements contained i	herein are true and	i correct.		accompanying sche	dules allu	
Name of Authorized Representative NICHOLAS NAPPI , TTT				Date Da			
Signature of Authorized Repre	esentative	 ,	<u> </u>		FILED		
Muchol h	m 14			nr	<u> </u>		
MAIL TO:					O TOTO		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 50 20430 3:3-7000 12/2023