RI SOS Filing Number: 202579500710 Date: 10/3/2025 3:34:00 PM

| State of Rhode Island Department of State - Business Services Division | | | | | | | SES STÄMP | | |
|---|--|--|-------------------------------|---------------------|----------------|--------------|---|---------------|--|
| Annual Report for the year: 2019 | | | | | | ž | | | |
| Corporation ———————————————————————————————————— | | | | | | | CORP. REMINISTRATION OF COLUMN | R OF STATE | |
| → Filing period. February 1 - May 1 → Filing Fee: \$50.00 | | | | | | 360 | | | |
| → Penalty: Additional \$25.00 | fee if form is not | filed by May 31. | | | | | <u>ත</u> | | |
| Entity ID Number | 2. Exact name of the Corporation | | | | | | | | |
| 000013758 | NAPPI BROS. INC. | | | | | | | | |
| Principal Office Address | <u> </u> | • | City | | | State | | Zip | |
| 14 RESERVOIR AVE. | | | BRIST | OL | i | RI | | 02809 | |
| 4. NAICS Code | 6 Brief description of the character of business conducted in Rhode Island | | | | | | | <u></u> | |
| 238220 | PLUMBING REPAIRS AND HEATING CONTRACTORS | | | | | | | | |
| 5. State of Incorporation | | | | | | | | | |
| RI | | | | | | | | | |
| 7. List ALL officers (names and ad | dresses) Check the box to indicate an attachment | | | | | | | | |
| President Name NICHOLAS NAPPI, | | | | Vice-President Name | | | | | |
| Street Address 47 OFNITTED OTDEFT | | | | Chool Address | | | | | |
| 17 CENTER STREET | | | | Street Address | | | | | |
| City BRISTOL | State RI | ^{Z_{ip}} 02809 | City | City | | State | | Zip | |
| Secretary Name | | | Treasurer Name | | | | | | |
| Street Address | | | | John | C. Nai | <u> </u> | | | |
| | John E. Nappi Street Address 7 Conter St. | | | | | | | | |
| City | State | Zip | City Bristal | | | State | | Zip 02809 | |
| 8. List ALL directors (names and a | ddresses) | | | <u>C</u> | heck the box | to indi | cate an atta | achment 🔲 | |
| Director Name | | | Director Na | ame | | | | | |
| Street Address | | | | Street Address | | | | | |
| | | | | | | | | · | |
| City | State | Zıp | City | City | | State | | Zıp | |
| Director Name | | | Director Na | Director Name | | | | <u> </u> | |
| Characteristics | | | | | | | | | |
| Street Address | | | | Street Address | | | | | |
| City | State | Zıp | City | City | | State | | Zıp | |
| 9. Shares Authorized | | 10 Shares Issu | | | | | | | |
| This information is currently of record in the | | 10 Shares Issu | | | | to ina | | PAR VALUE | |
| Department of State. | | 150 | | | | 0 | | | |
| Changes require an additional filing. | | | | | | | | | |
| 44.71 | ···· | | | | | | | | |
| This report must be executed of ceiver or trustee, this report must t | on behalf of the co ne executed on b | orporation by an ar enalf of the corpor | uthorized rep ation by the | presentative. I | f the corporat | ion is | in the hand | s of a re- | |
| Under penalty of perjury, I decla | re and affirm the | at I have examine | d this repor | t, including a | any accompa | anying | schedule | s and | |
| statements, and that all stateme Name of Authorized Representativ | nts contained h | erein are true and | d correct. | | ··· | 5 | | | |
| NICHOLAS NAPPI, (1) | | | | | | Date (013/25 | | | |
| Signature of Authorized Representative | | | | | | FILED | | | |
| Middle para ITT | | | | | | | | | |
| | | | | | | | | - | |

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov **OCT 03 2025**