



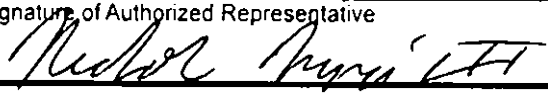
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECD 1003 160
25 OCT 10 3:36
SECRETARY OF STATE
OFFICE ONLY

1. Entity ID Number 000013758		2. Exact name of the Corporation NAPPI BROS. INC.												
3. Principal Office Address 14 RESERVOIR AVE.			City BRISTOL	State RI	Zip 02809									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island PLUMBING REPAIRS AND HEATING CONTRACTORS												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name NICHOLAS NAPPI, III			Vice-President Name											
Street Address 17 CENTER STREET			Street Address											
City BRISTOL	State RI	Zip 02809	City	State	Zip									
Secretary Name			Treasurer Name John E. Nappi											
Street Address			Street Address 7 Center St.											
City	State	Zip	City Bristol	State RI	Zip 02809									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐												
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/ST. RLS</th> <th>PAR VALUE</th> </tr> <tr> <td>150</td> <td>CNP</td> <td>0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/ST. RLS	PAR VALUE	150	CNP	0			
NUMBER OF SHARES	CLASS/ST. RLS	PAR VALUE												
150	CNP	0												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver 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.														
Name of Authorized Representative NICHOLAS NAPPI, III					Date 10/3/25									
Signature of Authorized Representative 					FILED									

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 03 2025

BY **2VF30**
FORM 630 Revised 12/2023
KV 3:34PM