RI SOS Filing Number: 202579501320 Date: 10/3/2025 3:31:00 PM

State of Rhode Island Department of State - Business Services Division						OCTO STAMP	
Annual Report for the year: 2016 Corporation					~o (PM3 PM3	
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				Secretary or state Sign use only Sign Sign Sign Sign Sign Sign Sign Sign			
Entity ID Number	2. Exact name	2. Exact name of the Corporation					
000013758	NAPPI E	BROS. INC.					
3. Principal Office Address 14 RESERVOIR AVE.			City BRIST	rol .	State RI	Zip 02809	
4. NAICS Code		6. Brief description of the character of business condu					
238220	PLUMBIN	PLUMBING REPAIRS AND HEATING CONTRACTORS					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an at President Name Vice-President Name						an attachment 🗆	
NICHOLAS NAPPI, 111							
Street Address 17 CENTER STREET			Street Address				
City BRISTOL	State RI	^{Z_{ip}} 02809	City	<u></u>	State	Zip	
Secretary Name				Treasurer Name			
Street Address				John E. Nappi Street Address 7 Conter St.			
City	State	Zip	City Sc	istal	State	CZ&C.F	
List ALL directors (names and addresses) Director Name [1]				Check	the box to indicate	an attachment	
Director Name			Director N	ame			
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Źıp	City		State	Zıp	
9. Shares Authorized This information is currently of a	naged in the	10. Shares Issu			the box to indicate		
This information is currently of record in the Department of State. Changes require an additional filing.		150	NUMBER OF SHARES		MERIES 0	PAR VALUE	
				CNP			
11. This report must be execute	ed on behalf of the	corporation by an ai	uthorized rep	resentative. If the	corporation is in the	e hands of a re-	
ceiver or trustee, this report mu Under penalty of perjury, I de	clare and affirm th	nat i have examine	d this repo	receiver or trustee. rt, including any a	ccompanying sch	edules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
NICHOLAS NAPPI , III					I 11	10/3/25	
Signature of Authorized Representative					FILEC	FILED	
Ilust 1 po	w IH						
MAIL TO:					OCT 03 2	J25	

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY KY 2VF30

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