RI SOS Filing Number: 202579501690 Date: 10/3/2025 3:28:00 PM

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State of Rhode Island Department of State - Business Services Division						υ _{μί} ΩC	
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						STAMP	
Annual Report for the year: 2013 Corporation						₩ CD	
Filing period: February 1 - May 1				SECRETARY OF STATE			
→ Filing Fee: \$50.00						03.1	
Penalty Additional \$25.00	fee if form is no	ot filed by May 31.				<u> </u>	
1 Entity ID Number	2. Exact name of the Corporation						
000013758	_NAPPI E	NAPPI BROS. INC.					
3. Principal Office Address			City				
14 RESERVOIR AVE.			BRIS	TOL	RI	02809	
4 NAICS Code	6. Brief descri	Brief description of the character of business conducted in Rhode Island					
238220		PLUMBING REPAIRS AND HEATING CONTRACTORS					
5. State of Incorporation	7						
RI							
7. List ALL officers (names and ac	ldresses)_		· ,		k the box to indic	ate an attachment 🔲	
President Name NICHOLAS NAPPI				Vice-President Name			
Street Address 17 CENTER STREET			Street Address				
		17			10		
City BRISTOL	State RI	^{Z_{IP}} 02809	City		State	Zip	
Secretary Name	-1. -		Treasure				
Street Address				John E. Nappi Street Address			
On cervigates			٦ -	7 Cente	c 5t.		
City	State	Zip	City	lates	State	Zip 02809	
8. List ALL directors (names and addresses)			City State Zip 02809 Check the box to indicate an attachment				
Director Name	<u> </u>		Director N				
Street Address			Street Address				
	_			0.200			
City	State	Zip	City		State	Zip	
Director Name		L	Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
O Chara Authorad				<u> </u>			
9. Shares Authorized This information is currently of reco	ord in the	10 Shares Issu NUMBER OF			k the box to indic is/series	par value	
Department of State.		150	150			О	
Changes require an additional filing.				CNP	-		
		<u></u>					
 This report must be executed of ceiver or trustee, this report must 	on behalf of the o	corporation by an a	uthorized re	epresentative. If the	corporation is ii	n the hands of a re-	
Under penalty of perjury, I decla	re and affirm th	hat I have examine	ed this repo	ort, including any	. accompanying	schedules and	
statements, and that all statements contained herein are true and correct.							
·						Date	
NICHOLAS NAPPI, TILS					[0]	10/3/25	
Signature of Authorized Representative					H	FILED [
Michael Mun'TI							
MAIL TO: Division of Business Services							

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

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