RI SOS Filing Number: 202579501780 Date: 10/3/2025 3:27:00 PM

State of Rhode Island  Department of State - Business Services Division						50CD STAMP	
Annual Report for the year: 2012							
Annual Report for the year: 2012  Corporation  → Filing period: February 1 - May 1							
Filing Fee: \$50.00  Penalty: Additional \$25.00 fee if form is not filed by May 31.							
1. Entity ID Number	2. Exact name of the Corporation						
000013758	NAPPI BROS. INC.						
Principal Office Address			City	<u> </u>	State	[Z·p	
14 RESERVOIR AVE.			BRIST	OL	RI	02809	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
238220	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,				Vice-President Name			
Street Address 17 CENTER STREET			Street Address				
City BRISTOL	State RI	<sup>Zıp</sup> 02809	City		State	Zip	
Secretary Name		<b>-</b>	Treasurer Name John E. Nappi				
Street Address			Street Address 7 Center St.				
City	State	Zip	City	stal	State	Zip 62809	
B. List ALL directors (names and addresses)     Check the box to indicate an attachme						cate an attachment	
Director Name				Director Name			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name	4		Director Name		· · ·	•	
Street Address			Street Address				
City	State	Žφ	City		State	Zip	
9. Shares Authorized							
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF	SHARES	CLASS/SER ES SAR 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 re-							
ceiver 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 1111 Date  10 13 12-5							
Signature of Authorized Representative							
MAIL TO: 07 11 11 11 11 11 11 11 11 11 11 11 11 11							
Division of Business Services							

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 1000 FORM 630- Revised 12/2023

- ... <del>N.3....</del>