RI SOS Filing Number: 202579502390 Date: 10/3/2025 3:21:00 PM

|   | State of Rhode Island  Department of State - Business Services Division |   |  |  |   |                    |   | OCI STAMP   |               |  |
|---|---|---|--|--|---|--------------------|---|-------------|---------------|--|
| Corpora  → Fili  → Fili  → Per  | ng period: February 1 -<br>ng Fee: \$50.00<br>nalty: Additional \$25.00 |   |  |  |   |                    | TO SCRETARY OF STATE  SCRETARY OF STATE |             |               |  |
| 1. Entity   | Entity ID Number     2. Exact name of the Corporation                   |   |  |  |   |                    |   |             |               |  |
| 000013758 NAPPI BROS. INC.  3. Principal Office Address   City   IState   IZip  |   |   |  |  |   |                    |   |             |               |  |
| 14 RESERVOIR AVE.   |   |   |  | City<br>BRIS1                            | [OI   |                    | State<br>RI   |             | Zip           |  |
|   |   |   | on of the characte                         | er of business conducted in Rhode Island |   |                    |   |             | 02809         |  |
| 23822   |   | PLUMBING REPAIRS AND HEATING CONTRACTORS        |  |  |   |                    |   |             |               |  |
| 5. State  |   |   |  |  |   |                    |   |             |               |  |
| 7. List Al  | L officers (names and ad  | T   | Check the box to indicate an attachment    |  |   |                    |   |             |               |  |
| President Name NICHOLAS NAPPI,  |   |   |  |  | Vice-President Name                         |                    |   |             |               |  |
| Street Address 17 CENTER STREET   |   |   |  |  | Street Address                              |                    |   |             |               |  |
| City BRI  | STOL  | State RI Zip 02809 City                         |  |  |   | S                  | State   |             | Zip           |  |
| Secretary Name  |   |   |  | Treasurer Name                           |   |                    |   |             |               |  |
| Street Address  |   |   |  |  | Street Address Center St.                   |                    |   |             |               |  |
| City  |   | State   | Zip  | City                                     |   |                    | State   |             | Zip<br>62869  |  |
| 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   |             | Žip           |  |
| Director N  | Director Name   |   |  | Director Name                            |   |                    |   |             | L.            |  |
| Street Address  |   |   |  | Street Address                           |   |                    |   |             |               |  |
| City  | <del></del>   | State   | Zıp  | City                                     |   | s                  | state   |             | Zıp           |  |
|   | Authorized  | · <del> </del>                                  | 10. Shares Issue                           |  | Chec  | k the box t        | o indi  | cate an att | achment 🔲     |  |
| This infor<br>Departme  | mation is currently of reco   | rd in the                                       | NUMBER OF S                                | IARES                                    | ·   | SS/SERIES          |   |             | PAR VALUE     |  |
| Changes require an additional filing.   |   |   | 150  |  | CNP   |                    |   | 0           | <del></del> - |  |
| 11 Thing  | anad must be avacuted a   | - b - b - 15 - 5 Ab                             |  |  | <u> </u>                                    |                    |   |             |               |  |
| ceiver of   | eport must be executed o<br>trustee, this report must b                 | n benair of the cor<br><u>e executed</u> on bel | poration by an aut<br>half of the corporat | norized rep<br>ion by the                | presentative. If the<br>receiver or truster | e corporatio<br>e. | on is i   | in the hand | s 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  Date   |   |   |  |  |   |                    |   |             |               |  |
| NICHOLAS NAPPI, TTT   |   |   |  |  |   |                    | 1013125   |             |               |  |
| Signature of Authorized Representative  |   |   |  |  |   |                    | FILED   |             |               |  |
| Mart how It   |   |   |  |  |   |                    |   |             |               |  |
| MAIL TO:  |   |   |  |  |   | O C                | T (   | 3 2025      |               |  |

Division of Business Services

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

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