

File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

subject to a penalty fee of \$25.00.	!501(e), each corporation fa	iling or refusing to file its ann	uai report within thirty (30) days af	ter the time prescribed by law (R.	.1.G.L. /-1.2-1501(c&d)) is
1. Corporate ID No. 120957	2. Name of Corporation Nine Hundred Eighty Nine Corporation				
3. Street Address Principal Business Office 81 Troy Street			Providence	State RI	^{Zip} 02909
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Building Materials	of Business Conducted in R	bode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Louis S. Gautieri, Jr.			CHMENT) TELL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Janet Lee Gautieri		
Street Address 81 Troy Street			Street Address 81 Troy Street		
City Providence	State RI	^{Zip} 02909	Сиу Providence	State RI	^{Zip} 02909
Secretary Name Janet Lee Gautieri			Treasurer Name Louis S. Gautieri, Jr.		
Street Address 81 Troy Street			Street Address 81 Troy Street		
City Providence	State RI	^{Zip} 02909	CHy Providence	State RI	^{Zip} 02909
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name Louis S. Gautieri, Jr.			Director Name		
Street Address 81 Troy Street			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Сиу	State	<i>Ζ</i> φ	City	State	Zip 2003
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			1000		None
					형 등을 등
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.					
		FILED			\$\$
			. , ,	ury, I declare and affirm that	•
		µG 25 2009	including any accomp	anying schedules and statem	ents, and that all statement

Louis S. Gautieri, Jr. Print or Type Name President Title