

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

2012 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(ecrd)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No. 16241 P		2. Name of Corporation Figures & Numbers, Inc.				
3. Street Address Principal Business Office 4 Belton Drive			Gity Barrington	State Rhode Island	<i>Ζψ</i> 02806	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Characte Bookeeping and accountin		Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name			(CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name			
Mary Herden			Gary Herden			
Street Address 4 Belton Drive			Street Address 4 Belton Drive			
City Barrington	State Rhode Island	^{Zip} 02806	City Barrington	State Rhode Island	^{Ζφ} 02806	
Secresary Name Mary Herden			Treasurer Name Mary Herden			
Street Address 4 Belton Drive			Street Address 4 Belton Drive			
<i>сцу</i> Barrington	State Rhode Island	^{Zip} 02806	City Barrington	State Rhode Island	<i>Ζψ</i> 02806	
8. NAMES AND ADDRESSE Director Name	s of the directol	S: (*X* BOX FOR AT.	ACHMENT) [FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	Ctty	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED. ("X" BOX FOR ATTAGHMENT) []			
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	common	no par value	
			A CONTRACTOR OF THE PERSON OF			
This report must be executed this report must be executed	i on behalf of the corp on behalf of the corp	poration by an authorize oration by the receiver o	or trustee. Under penalty of pe	erjury, I declare and affirm that	I have examined this repor	
File Date FIEB 2 1 6 Check No. By: FOR SECRETARY OF ST.	012		contained herein ar	Muder	nents, and that all statemen $\frac{2/15/12}{Date}$	
			Title		Form 630 Rev. 08/08	