



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>485176</u>		2. Exact name of the Corporation <u>NUMBER 9 INC</u>	
3. Principal office address <u>9 BROADWAY</u>		City <u>NEWPORT</u>	State <u>RI</u>
4. Business Phone No. <u>401 846 5948</u>		Zip <u>02840</u>	
5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>RETAIL GIFT SHOP</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>RICHARD FERREIRA JR</u>		Vice-President Name <u>NA</u>	
Street Address <u>10 STOCKHOLM ST</u>		Street Address <u>NEWPORT</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>NEWPORT</u>	Zip <u>02840</u>
Secretary Name <u>NA</u>		Treasurer Name	
Street Address		Street Address	
City	State	City	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>NA</u>		Director Name	
Street Address		Street Address	
City	State	City	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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 <u>0</u>	CLASS/SERIES

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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 12 2014

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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.

Richard Ferreira Jr 6/10/14  
Signature of Authorized Representative Date  
RICHARD FERREIRA JR  
Print or Type Name of Authorized Representative