



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 120958		2. Exact name of the Corporation Nine Hundred Ninety Five Corporation			
3. Principal Office Address 81 Troy Street		City Providence		State RI	Zip 02909
4. NAICS Code 53 - Real Estate and Rental <input type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island Own, rent, manage and otherwise deal in real estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis S. Gautieri, Jr.			Vice-President Name Janet Lee Gautieri		
Street Address 81 Troy Street			Street Address 81 Troy Street		
City Providence	State RI	Zip 02909	City 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	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Louis S. Gautieri, Jr.			Director Name Janet Lee Gautieri		
Street Address 81 Troy Street			Street Address 81 Troy Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		Common		None	
11. 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.					
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 Louis S. Gautieri, Jr. <i>Louis S. Gautieri</i>					Date 1/20/17
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 17 2017
BY *215 DS*

FORM 630 - Revised: 10/2016