



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

- 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 162410		2. Exact name of the Corporation Figures and Numbers, Inc.												
3. Principal Office Address 9 Royal Avenue			City Riverside	State RI	Zip 02915									
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island Bookkeeping and accounting services.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Mary Herden			Vice-President Name Gary Herden											
Street Address 9 Royal Avenue			Street Address 9 Royal Avenue											
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915									
Secretary Name Mary Herden			Treasurer Name Mary Herden											
Street Address 9 Royal Avenue			Street Address 9 Royal Avenue											
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">100</td> <td style="text-align:center;">COMMON</td> <td style="text-align:center;">NO PAR VALUE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALUE			
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		100	COMMON	NO PAR VALUE										
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 Mary Herden, President					Date 2/20/18									
Signature of Authorized Representative <i>Mary Herden</i>														

SHOW DOCUMENT HERE

FILED

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

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BY 143 DS

FORM 630 - Revised: 10/2017