



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 16241		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 541219		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.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 1/25/19	
Signature of Authorized Representative <i>Mary Herden</i>				SIGN DOCUMENT FILED <i>02</i>	

JAN 28 2019

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