



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
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<br><b>16241</b>  |  | 2. Exact name of the Corporation<br><b>Figures and Numbers, Inc.</b>  |                     |
| 3. Principal Office Address<br><b>9 Royal Avenue</b>   |  | City<br><b>Riverside</b>  | State<br><b>RI</b>  |
|  |  | Zip<br><b>02915</b>   |                     |
| 4. NAICS Code<br><b>541219</b>   | 6. Brief description of the character of business conducted in Rhode Island<br><b>Bookkeeping and accounting services.</b> |   |                     |
| 5. State of Incorporation<br><b>Rhode Island</b>   |  |   |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |   |                     |
| President Name<br><b>Mary Herden</b>   |  | Vice-President Name<br><b>Gary Herden</b>   |                     |
| Street Address<br><b>9 Royal Avenue</b>  |  | Street Address<br><b>9 Royal Avenue</b>   |                     |
| City<br><b>Riverside</b>   | State<br><b>RI</b>   | City<br><b>Riverside</b>  | State<br><b>RI</b>  |
| Zip<br><b>02915</b>  |  | Zip<br><b>02915</b>   |                     |
| Secretary Name<br><b>Mary Herden</b>   |  | Treasurer Name<br><b>Mary Herden</b>  |                     |
| Street Address<br><b>9 Royal Avenue</b>  |  | Street Address<br><b>9 Royal Avenue</b>   |                     |
| City<br><b>Riverside</b>   | State<br><b>RI</b>   | City<br><b>Riverside</b>  | State<br><b>RI</b>  |
| Zip<br><b>02915</b>  |  | Zip<br><b>02915</b>   |                     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |   |                     |
| Director Name  |  | Director Name   |                     |
| Street Address   |  | Street Address  |                     |
| City   | State  | City  | State               |
| Zip  |  | Zip   |                     |
| Director Name  |  | Director Name   |                     |
| Street Address   |  | Street Address  |                     |
| City   | State  | City  | State               |
| Zip  |  | Zip   |                     |
| 9. Shares Authorized   |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |  | NUMBER OF SHARES  |                     |
|  |  | CLASS/SERIES  |                     |
|  |  | PAR VALUE   |                     |
|  |  | <b>100</b>  | <b>COMMON</b>       |
|  |  |   | <b>NO PAR VALUE</b> |
| 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.<br><b>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.</b> |  |   |                     |
| Name of Authorized Representative<br><b>Mary Herden, President</b>   |  | Date<br><b>1/25/19</b>  |                     |
| Signature of Authorized Representative<br><i>Mary Herden</i>   |  | SIGN DOCUMENT <b>FILED</b> <i>02</i>  |                     |

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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