RI SOS Filing Number: 202193420850 Date: 3/1/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

MAR 01 2021

BY:

Annual Report for the year: 2021

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	2. Exact name of the Corporation
120958	Nine Hundred Ninety Five Corporation

3. Principal Office Address	City	State	Zip
81 Troy Street	Providence	RI	02909

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531190	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 ☐

President Name	Street Address	City	State	Zip
Louis S. Gautieri, Jr.	81 Troy Street	Providence	RI	02909

Vice-President Name	Street Address	City	State	Zip
Janet Lee Gautieri	81 Troy Street	Providence	RI	02909

Secretary Name	Street Address	City	State	Zip
Janet Lee Gautieri	81 Troy Street	Providence	RI	02909

Treasurer Name	Street Address	City	State	Zip
Louis S. Gautieri, Jr.	81 Troy Street	Providence	RI	02909

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Louis S. Gautieri, Jr.	81 Troy Street	Providence	RI	02909

Director Name	Street Address	City	State	Zip
Janet Lee Gautieri	81 Troy Street	Providence	RI	02909

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Louis S. Gautieri, Jr.	1/16/21

Signature of Authorized Representative

Louis S Gautieri

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020