



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 25 2024
BY 1857

1. Entity ID Number 124617		2. Exact name of the Corporation Margus-Nine, Inc.			
3. Principal Office Address 99 Massasoit Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island The purchase and sale of real property.			
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 John S. Carter, III			Vice-President Name John S. Carter, III		
Street Address 24 Taylor's Lane South			Street Address 24 Taylor's Lane South		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name John S. Carter, III			Treasurer Name John S. Carter, III		
Street Address 24 Taylor's Lane South			Street Address 24 Taylor's Lane South		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John S. Carter, III			Director Name John S. Carter, IV		
Street Address 24 Taylor's Lane South			Street Address 24 Taylor's Lane South		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES COMMON	PAR VALUE 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 John S. Carter, III					Date 3-20-24
Signature of Authorized Representative <i>[Signature]</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