

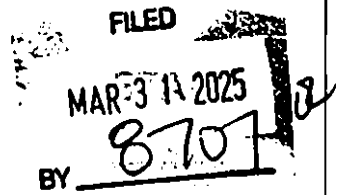


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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



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 ☐			
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	City Little Compton	State RI
Zip 02837		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	City Little Compton	State RI
Zip 02837		Zip 02837	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
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	City Little Compton	State RI
Zip 02837		Zip 02837	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
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 ☐	
		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 [Signature]			Date 3-28-25
Signature of Authorized Representative [Signature]			

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