State of Rhode Island
Department of State - Business Services Division

FILED
MAR 3 1 2025
BY 8701

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	2. Exact name of the Corporation			
124617	Margus-Nine, Inc.			
3. Principal Office Address		City	State	Zip
99 Massasoit Avenue		East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	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	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 ☐

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

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	CLASS/SERIES	PAR VALUE
1000	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	Date
John S. Carter	3-28-25
Signature of Authorized Representative	
John S. Carter	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov