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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
155947	Alan Gray Investigative Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
9 East 40th Street		New York, NY	NY	10016
4. Business Phone No.	5. State of Incorporation			
212-889-7111	New York			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Michael F. Ceppi	88 Broad Street	Boston	MA	02110

Vice President Name	Street Address	City	State	Zip
Jenny Ceppi	88 Broad Street	Boston	MA	02110

Secretary Name	Street Address	City	State	Zip
Jose Martinez	88 Broad Street	Boston	MA	02110

Treasurer Name	Street Address	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Michael F. Ceppi	88 Broad Street	Boston	MA	02110

Director Name	Street Address	City	State	Zip
Alan H. Gray	88 Broad Street	Boston	MA	02110

Director Name	Street Address	City	State	Zip
Paul M. Roach	88 Broad Street	Boston	MA	02110

Director Name	Street Address	City	State	Zip
Jeff Genereux	88 Broad Street	Boston	MA	02110

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	No Par
	THIS SECTION MUST BE COMPLETED	

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.

[redacted] [redacted]

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By:
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FOR SECRETARY OF STATE USE ONLY

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.

Signature 1-30-2008 *Date*

Michael F. Ceppi
Print or Type Name

[redacted] President
Title

Form 630 Rev. 12/06