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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 2009

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
35023	CREDIT INFORMATION BUREAU, INC.

3. Street Address Principal Business Office	City	State	Zip
70 JEFFERSON BOULEVARD	WARWICK	RI	02888

4. Business Phone No.	5. State of Incorporation
203-931-2000	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
OWN, OPERATE A CREDIT REPORTING BUSINESS

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

President Name	Vice President Name
RICHARD CAPOBIANCO	LOUIS CAPOBIANCO
Street Address: 5 HIGHVIEW ROAD	Street Address: 56 STRAWBERRY HILL ROAD
City: MADISON, State: CT, Zip: 06443	City: MADISON, State: CT, Zip: 06443
Secretary Name: PAUL CAPOBIANCO	Treasurer Name: LOUIS CAPOBIANCO
Street Address: 6 COBLEFIELD LANE	Street Address: 56 STRAWBERRY HILL ROAD
City: GAILFORD, State: CT, Zip: 06437	City: MADISON, State: CT, Zip: 06443

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

Director Name	Director Name
RICHARD CAPOBIANCO	LOUIS CAPOBIANCO
Street Address: 5 HIGHVIEW ROAD	Street Address: 56 STRAWBERRY HILL ROAD
City: MADISON, State: CT, Zip: 06443	City: MADISON, State: CT, Zip: 06443
Director Name: PAUL CAPOBIANCO	Director Name:
Street Address: 6 COBLEFIELD LANE	Street Address:
City: GAILFORD, State: CT, Zip: 06437	City: , State: , Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
100	COMMON	NO PAR

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]

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: [signature] Date: 1/26/2009

RICHARD CAPOBIANCO
Print or Type Name

PRESIDENT
Title

[redacted]

File Date: FILED
Check No.: JAN 29 2009
By: By 8787
FOR SECRETARY OF STATE USE ONLY
30728-10-339166

Form 630 Rev. 08/08