

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

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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 (P.I.C.L. 7-1.116).

subject to a penalty fee of \$25.00.	1301(t); each corporation	juning or rejusing to fue us an	inuai report within thirty (30) da	iys after the time prescribed by i	law (R.I.G.L. 7-1.2-1501(co'd)) is
1. Corporate ID No. 90581	2. Name of Corporation IN-DEPTH, INC.				
3. Street Address Principal Business Office 175 Bartlett Avenue			City Providence	State RI	Хір 02905
4. Business Phone No. 401-487-2226 5. State of Incorporation Rhode Island					
6. Brief Description of the Character To engage in the business 7. NAMES AND ADDRESSES President Name	of the production, ar	rangement, editing and	d enhancement of video is	apes for businesses	G ATTACHMENTS
Kyle MacDonald			Vice President Name David H. Johnson		
Street Address 175 Bartlett Avenue			Street Address 175 Bartlett Avenue		
Providence	State RI	^{火炉} 02905	Providence	State RI	^{Zip} 02905
Secretary Name Kyle MacDonald			Treasurer Name David H. Johnson		
Street Address 175 Bartlett Avenue			Street Address 175 Bartlett Avenue		
Providence	State RI	^{Zip} 02905	Gity Providence	State RI	Ζίρ 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATA Director Name None			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			2,000	common	no par
This report must be executed this report must be executed of	on behalf of the corpo	oration by an authorize rration by the receiver o	or trustee. Under penalty of pe	rjury, I declare and affirm t	bat I have examined this report
including any accompanying schedules and statements, and that all statements contained herein are true and correct. Check No. 11047 Signature Signature					
Ву:		Print or Type Name	ባን .		
FOR SECRETARY OF STATE USE ONLY Title					