RI SOS Filing Number: 200944766680 Date: 03/31/2009 4:00 PM

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			
126296	A.C.ROMAN & ASSOCIATES, INC.			
3. Street Address Principal Business Office		City	State	Zip
300 MERRICK ROAD-4th FLOOR		LYNBROOK	NY	11563
4. Business Phone No.	5. State of Incorporation			
516-596-3300	NY			

6. Brief Description of the Character of Business Conducted in Rhode Island
PRIVATE INVESTIGATION/INSURANCE CLAIMS INVESTIGATIONS

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

President Name	Street Address	City	State	Zip
ANTHONY C. ROMAN	300 MERRICK ROAD-4th FLOOR	LYNBROOK	NY	11563

Vice President Name	Street Address	City	State	Zip
ANTHONY C.ROMAN	300 MERRICK ROAD-4th FLOOR	LYNBROOK	NY	11563

Secretary Name	Street Address	City	State	Zip
ANTHONY C. ROMAN	300 MERRICK ROAD-4th FLOOR	LYNBROOK	NY	11563

Treasurer Name	Street Address	City	State	Zip
ANTHONY C. ROMAN	300 MERRICK ROAD-4th FLOOR	LYNBROOK	NY	11563

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

Director Name	Street Address	City	State	Zip
ANTHONY C. ROMAN	300 MERRICK ROAD-4th FLOOR	LYNBROOK	NY	11563

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200	COMMON STOCK	NO PAR VALUE

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
NONE		

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]

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 12/17/08
Date

ANTHONY C. ROMAN
Print or Type Name

[redacted] PRESIDENT/SECRETARY/TREASURER
Title

File Date FILED
Check No.
MAR 31 2009
By:
By FOR SECRETARY OF STATE USE ONLY

2009 MAR 31 PM 1:59

Form 630 Rev. 12/06

32105-28-359270