



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. 000080246		2. Name of Corporation ISB Management Corp.			
3. Street Address Principal Business Office 221 Log Road		City Smithfield		State RI	Zip 02917
4. Business Phone No. 233-8126		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To Provide Management Management Services To Companies in the Insurance Investigation Field					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward D McCabe			Vice President Name		
Street Address 221 Log Road			Street Address		
City Smithfield	State R.I.	Zip 02917	City	State	Zip
Secretary Name			Treasurer Name Edward D McCabe		
Street Address			Street Address 221 Log Road		
City	State	Zip	City Smithfield	State R.I.	Zip 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Edward D McCabe			Director Name		
Street Address 221 Log Road			Street Address		
City Smithfield	State R.I.	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series CNP	Par Value 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.

FILED

File Date **AUG 06 2009**

Check No. **02:21 PM 9-9 AUG 2009**

By **[Signature]**

FOR SECRETARY OF STATE USE ONLY

RECEIVED

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 **8/3/09**

Print or Type Name
Edward D McCabe

Title
President