



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 2004

**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.<br>000080246   |               | 2. Name of Corporation<br>ISB Management Corp. |   |                     |                     |
| 3. Street Address Principal Business Office<br>221 Log Road  |               | City<br>Smithfield                             |   | State<br>RI         | Zip<br>02917        |
| 4. Business Phone No<br>233-8126   |               | 5. State of Incorporation<br>Rhode Island      |   |                     |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>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<br>Edward D McCabe  |               |  | Vice President Name   |                     |                     |
| Street Address<br>221 Log Road   |               |  | Street Address  |                     |                     |
| City<br>Smithfield   | State<br>R.I. | Zip<br>02917                                   | City  | State               | Zip                 |
| Secretary Name   |               |  | Treasurer Name<br>Edward D McCabe                                   |                     |                     |
| Street Address   |               |  | Street Address<br>221 Log Road                                      |                     |                     |
| City   | State         | Zip  | City<br>Smithfield  | State<br>R.I.       | Zip<br>02917        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |               |  |   |                     |                     |
| Director Name<br>Edward D McCabe   |               |  | Director Name   |                     |                     |
| Street Address<br>221 Log Road   |               |  | Street Address  |                     |                     |
| City<br>Smithfield   | State<br>R.I. | Zip<br>02917                                   | City  | State               | Zip                 |
| Director Name  |               |  | Director Name   |                     |                     |
| Street Address   |               |  | Street Address  |                     |                     |
| City   | State         | Zip  | City  | State               | Zip                 |
| 9. SHARES AUTHORIZED<br>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<br>100   | Class/Series<br>CNP | Par Value<br>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.

|                                 |              |
|---------------------------------|--------------|
| File Date                       | <b>FILED</b> |
| Check No.                       | AUG 06 2009  |
| By:                             | By           |
| 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  
Edward D McCabe  
Date  
8/3/09  
Print or Type Name  
President  
Title