



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 2010

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. 56869		2. Name of Corporation INVESTIGATIVE REPORTING INC	
3. Street Address Principal Business Office 1010 TIGHE AVE #10		City COVENTRY	State RI
4. Business Phone No. 401-823-0078		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island DETECTIVE AGENCY / INVESTIGATIONS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DENISE LEONARD		Vice President Name DENISE LEONARD	
Street Address 12 MARION DR.		Street Address	
City COVENTRY	State RI	City	State
Zip 02816		Zip	
Secretary Name DENISE LEONARD		Treasurer Name DENISE LEONARD	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name DENISE LEONARD		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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 600	Class/Series CNP
		Par Value 0-	

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	OCT 15 2010
Check No.	128915
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: [Signature] Date: 10-15-10
Print or Type Name: [Name]
Title: [Title]