**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**
**Office of the Secretary of State - Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

**Filing Period:** January 1 - March 1 • **This report must be typed or printed legibly.**
**Filing Fee:** $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

| 1. Entity ID No. | 2. Exact name of the Corporation |
|---|---|
| 56973 | PIXEL DETECTIVE, INC. |

| 3. Principal office address | City | State | Zip |
|---|---|---|---|
| 266 ST. Barnabe Street | Woonsocket | R.I. | 02895 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| 401-765-7617/524-5694 | Rhode Island |

6. Brief description of the character of business conducted in Rhode Island
Investigation of matters civil/criminal of significance that are likely to to elude notice, for purpose of research/study only.

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| John J Skiffington | 266 St. Barnabe St. | Woonsocket, | RI | 02895 |
| **Vice-President Name** | **Street Address** | **City** | **State** | **Zip** |
| None | NA | NA | NA | NA |
| **Secretary Name** | **Street Address** | **City** | **State** | **Zip** |
| NONE | NA | NA | | NA |
| **Treasurer Name** | **Street Address** | **City** | **State** | **Zip** |
| NA | | NA | NA | NA |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| NONE | NA | NA | NA | NA |
| **Director Name** | **Street Address** | **City** | **State** | **Zip** |
| NONE | NA | NA | NA | NA |
| **Director Name** | **Street Address** | **City** | **State** | **Zip** |
| NONE | NA | NA | | NA |
| **Director Name** | **Street Address** | **City** | **State** | **Zip** |
| NONE | NA | NA | NA | NA |

| 9. SHARES AUTHORIZED | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **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.** | one(1) | common | none |
| | NA | NA | NA |

FILED

*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** FEB 22 2012

**Check No** _____

**By:** 2941

**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.**

John J Skiffington 20 FEB 12
Signature of Authorized Representative Date

JOHN J SKIFFINGTON
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012