



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 2015**

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. <b>1018590</b>		2. Exact name of the Corporation <b>MWV MULTI-MEDIA FORENSIC INVESTIGATIVE SERVICES, INC.</b>		
3. Principal office address <b>555 PLEASANT STREET, 5TH FL ST 5A</b>		City <b>NEW BEDFORD</b>	State <b>MA</b>	Zip <b>02740</b>
4. Business Phone No. <b>508-235-0400</b>		5. State of Incorporation <b>MASSACHUSETTS</b>		
6. Brief description of the character of business conducted in Rhode Island <b>FORENSIC INVESTIGATING</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>MICHAEL W. VERRONNEAU</b>		Vice-President Name <b>STEVEN VERRONNEAU</b>		
Street Address <b>9 FLORENCE ST.</b>		Street Address <b>8 HUNTER STREET</b>		
City <b>FAIRHAVEN</b>	State <b>MA</b>	Zip <b>02719</b>	City <b>ACUSHNET</b>	State <b>MA</b>
Secretary Name <b>MICHAEL W. VERRONNEAU</b>		Treasurer Name <b>NICOLE POTTER</b>		
Street Address <b>9 FLORENCE ST.</b>		Street Address <b>555 PLEASANT STREET, 5TH FL ST 5A</b>		
City <b>FAIRHAVEN</b>	State <b>MA</b>	Zip <b>02719</b>	City <b>NEW BEDFORD</b>	State <b>MA</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		9. SHARES AUTHORIZED		
Director Name <b>MICHAEL W. VERRONNEAU</b>		Director Name <b>NICOLE POTTER</b>		
Street Address <b>9 FLORENCE ST.</b>		Street Address <b>555 PLEASANT STREET, 5TH FL ST 5A</b>		
City <b>FAIRHAVEN</b>	State <b>MA</b>	Zip <b>02719</b>	City <b>NEW BEDFORD</b>	State <b>MA</b>
Director Name <b>STEVEN VERRONNEAU</b>		Director Name		
Street Address <b>8 HUNTER STREET</b>		Street Address		
City <b>ACUSHNET</b>	State <b>MA</b>	Zip <b>02743</b>	City	State
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	COMMON	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 \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED**

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.

*Nicole Potter*

00/00/2016

Signature of Authorized Representative

Date

**NICOLE POTTER, TREASURER**

Print or Type Name of Authorized Representative

MAR 21 2016 11:13

By *AK 270462*

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