



**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>001013474</b>		2. Exact name of the Corporation <b>INFORMATION RESOURCE GROUP, INC.</b>		
3. Principal office address <b>1617 Southridge Dr., Suite - 200</b>		City <b>Jefferson city</b>	State <b>MO</b>	Zip <b>65109</b>
4. Business Phone No. <b>573-632-6474</b>		5. State of Incorporation <b>Missouri</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Computer Consulting and Programming Services</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>Shyam S Goel</b>		Vice-President Name		
Street Address <b>314 Virginia Trail</b>		Street Address		
City <b>Jefferson City</b>	State <b>MO</b>	Zip <b>65109</b>	City	State
Secretary Name <b>Shyam S Goel</b>		Treasurer Name		
Street Address <b>314 Virginia Trail</b>		Street Address		
City <b>Jefferson City</b>	State <b>MO</b>	Zip <b>65109</b>	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>				
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
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.				

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 CORPORATIONS DIV  
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*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: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
 MAR 24 2016  
 20751  
 A.A. 10:20 A.M.

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 of Authorized Representative: [Signature] Date: 03/22/2016  
 Print or Type Name of Authorized Representative: Shyam S Goel