


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 2017

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. 56973 | | 2. Exact name of the Corporation PIXEL DETECTIVE, INC. | | | | | | |
| 3. Principal office address 266 St. Barnabe Street | | City Woonsocket | State RI | Zip 02895 | | | | |
| 4. Business Phone No. 401-765-7617 | | 5. State of Incorporation RHODE ISLAND | | | | | | |
| 6. Brief description of the character of business conducted in Rhode Island Nascent boffin with police. Scientific investigations into human and chemical activity and relevant phenomena. Engineering and chemical skills. | | | | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | | |
| President Name John J Skiffington | | | Vice-President Name none | | | | | |
| Street Address 266 St. Barnabe Street | | | Street Address NA | | | | | |
| City Woonsocket | State RI | Zip 02895 | City NA | State NA | Zip NA | | | |
| Secretary Name None | | | Treasurer Name NA | | | | | |
| Street Address NA | | | Street Address NA | | | | | |
| City NA | State NA | Zip NA | City NA | State NA | Zip NA | | | |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | | |
| Director Name None | | | Director Name None | | | | | |
| Street Address NA | | | Street Address NA | | | | | |
| City NA | State NA | Zip NA | City NA | State NA | Zip NA | | | |
| Director Name NA | | | Director Name NA | | | | | |
| Street Address NA | | | Street Address NA | | | | | |
| City NA | State NA | Zip NA | City NA | State NA | Zip NA | | | |
| 9. SHARES AUTHORIZED | | | | | | | | |
| 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 |
| | | | | | | one (1) | common | none |
| | | | NA | NA | NA | | | |

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: _____

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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 **23 February 2017**
 Signature of Authorized Representative Date

JOHN J SKIFFINGTON

Print or Type Name of Authorized Representative