



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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STATE
SECRETARY OF
CORPORATIONS
2018 MAR 12 PM 2:02

1. Entity ID Number 67644		2. Exact name of the Corporation Claims Investigation Service, Inc.			
3. Principal Office Address PO Box 564			City Saunderstown	State RI	Zip 02874
4. NAICS Code 561611		6. Brief description of the character of business conducted in Rhode Island To engage in the investigation of insurance claims including automobile claims, home owners claims, life insurance claims, workers compensation claims			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Linda Wholean			Vice-President Name Coleman Wholean		
Street Address PO Box 564			Street Address PO Box 564		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name none			Treasurer Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		0	stk	0.00	
		none	none	none	
11. 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.					
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.					
Name of Authorized Representative LINDA WHOLEAN				Date 3/7/18	
Signature of Authorized Representative Linda Wholean				FILED MAR 12 2018 BY 326357 12:05	