



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.

RECEIVED 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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		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 <i>Linda Wholean</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

MAR 12 2018

BY *326357*

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