



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99910		2. Name of Corporation INVESTIGATIVE SERVICES, INC.			
3. Street Address Principal Business Office 111 AIRPORT ROAD			City WARWICK	State RI	Zip 02889
4. Business Phone No. 4017329800		5. State of Incorporation RHODE ISLAND			6. SIC Code 7914
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM PRIVATE INVESTIGATIVE SERVICES FOR BUSINESSES AND PRIVATE INDIVIDUALS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David G. Mink			Vice President Name Same		
Street Address 111 Airport Road			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		None		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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\*99910 DBC 04/15/05 01:53:17 PM\*

FILED

File Date

Check No. APR 08 2005 6680

By UB

FOR SECRETARY OF STATE USE ONLY

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 Officer \_\_\_\_\_ Date 3-1-2005

David G. Mink

Print or Type Name of Officer

President

Title of Officer



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99910		2. Name of Corporation INVESTIGATIVE SERVICES, INC.			
3. Street Address Principal Business Office 111 AIRPORT ROAD			City WARWICK	State RI	Zip 02889
4. Business Phone No. 4017329800		5. State of Incorporation RHODE ISLAND			6. SIC Code 7914
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM PRIVATE INVESTIGATIVE SERVICES FOR BUSINESSES AND PRIVATE INDIVIDUALS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David G. Mink			Vice President Name Same		
Street Address 111 Airport Road			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		None		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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\*99910 DBC 01/21/04 03:28:10 PM\*

File Date 1-22-04

Check No. 57075

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 1-21-2004  
Signature of Officer Date  
David G. Mink  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **99910**  
2. Name of Corporation **INVESTIGATIVE SERVICES, INC.**  
3. Street Address Principal Business Office  
**111 Airport Road**  
4. Business Phone No. **401 732-9800**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Investigations**

City **Warrumk** State **RI** Zip **02889**  
6. SIC Code **7914**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **David Monk**  
Street Address **111 Airport Rd**  
City **Warrumk** State **RI** Zip **02889**  
Secretary Name **Same**  
Street Address  
City State Zip

Vice President Name **Same**  
Street Address  
City State Zip  
Treasurer Name **Same**  
Street Address  
City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **None**  
Street Address  
City State Zip  
Director Name **None**  
Street Address  
City State Zip

Director Name **None**  
Street Address  
City State Zip  
Director Name **None**  
Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 9 9 1 0 \*

4.18.03

File Date: \_\_\_\_\_

Check No.: **5042**

By: **ilp**

FOR SECRETARY OF STATE USE ONLY

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 Officer **[Signature]** Date **2/28/2003**

Print or Type Name of Officer **DAVID MONK**

Title of Officer **President**

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99910**  
2. Name of Corporation **INVESTIGATIVE SERVICES, INC.**  
3. Street Address Principal Business Office **111 Airport Rd**  
4. Business Phone No. **401 732 9800**  
5. State of Incorporation **RHODE ISLAND**

City **Warwick** State **RI** Zip **02889**  
6. SIC Code **7914**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Investigations**

**B. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **David Mink**  
Street Address **111 Airport Rd**  
City **Warwick** State **RI** Zip **02889**  
Secretary Name **Same**  
Street Address  
City State Zip

Vice President Name **Same**  
Street Address  
City State Zip  
Treasurer Name **Same**  
Street Address  
City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **NONE**  
Street Address  
City State Zip  
Director Name **NONE**  
Street Address  
City State Zip

Director Name **NONE**  
Street Address  
City State Zip  
Director Name **NONE**  
Street Address  
City State Zip

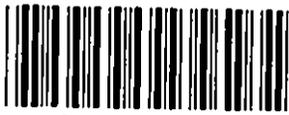
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 9 9 1 0 \*

File Date: **1/25/02**  
Check No.: **4019**  
By: **DM**

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 Officer **David Mink** Date **1-9-2002**

Print or Type Name of Officer **David Mink**

Title of Officer **President**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99910**      2. Name of Corporation **INVESTIGATIVE SERVICES, INC.**

3. Street Address Principal Business Office  
**111 Airport Rd**      City **Warwick**      State **RI**      Zip **02889**

4. Business Phone No. **732-9800**      5. State of Incorporation **RHODE ISLAND**      6. **9999**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Investigations**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>David Mink</b>	Vice President Name <b>Same</b>
Street Address <b>111 Airport Rd</b>	Street Address
City <b>Warwick</b> State <b>RI</b> Zip <b>02889</b>	City      State      Zip
Secretary Name <b>Same</b>	Treasurer Name <b>Same</b>
Street Address	Street Address
City      State      Zip	City      State      Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City      State      Zip	City      State      Zip
Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City      State      Zip	City      State      Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

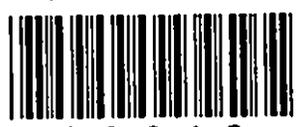
Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO</b>	<b>PAR VALUE</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>None</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 9 9 1 0 \*

File Date: 1/16

Check No.: 3234

By: [Signature]

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]      12-29-00

Signature of Officer      Date

David Mink

Print or Type Name of Officer

President

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99910** 2. Name of Corporation **INVESTIGATIVE SERVICES, INC.**  
3. Street Address Principal Business Office **111 Airport Road** City **Warwick** State **RI** Zip **02889**  
4. Business Phone No. **(401) 732-9800** 5. State of Incorporation **RHODE ISLAND** SIC Code **7914**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Investigations**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>David Mink</b> Street Address <b>111 Airport Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02889</b>	Vice President Name <b>David Mink</b> Street Address <b>111 Airport Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02889</b>
Secretary Name <b>David Mink</b> Street Address <b>111 Airport Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02889</b>	Treasurer Name <b>David Mink</b> Street Address <b>111 Airport Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02889</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>David Mink</b> Street Address <b>111 Airport Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02889</b>	Director Name <b>None</b> Street Address <b>None</b> City _____ State _____ Zip _____
Director Name <b>None</b> Street Address <b>None</b> City _____ State _____ Zip _____	Director Name <b>None</b> Street Address <b>None</b> City _____ State _____ Zip _____

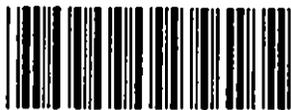
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 9 9 1 0 \*

File Date: 3/19/00

Check No.: 2571

By: DM

FOR SECRETARY OF STATE USE ONLY

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.

David Mink 3/25/00  
Signature of Officer Date

David Mink  
Print or Type Name of Officer  
President  
Title of Officer



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>99910</b>		2. Name of Corporation <b>INVESTIGATIVE SERVICES, INC.</b>	
3. Street Address Principal Business Office <b>111 Airport Road</b>		City <b>Warwick</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 732-9800</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Investigations</b>		6. SIC Code <b>7914</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>David G. Mink</b>		Vice President Name <b>David G. Mink</b>	
Street Address <b>111 Airport Road</b>		Street Address <b>111 Airport Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02889</b>		Zip <b>02889</b>	
Secretary Name <b>David G. Mink</b>		Treasurer Name <b>David G. Mink</b>	
Street Address <b>111 Airport Road</b>		Street Address <b>111 Airport Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02889</b>		Zip <b>02889</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>David G. Mink</b>		Director Name <b>NONE</b>	
Street Address <b>111 Airport Road</b>		Street Address <b>NONE</b>	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02889</b>		Zip	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,000</b>	<b>NO</b>	<b>PAR VALUE</b>	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>NONE</b>			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date: 1.1.99  
Check No.: 1084  
By: UP

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]*  
Signature of Officer Date

David G. Mink  
Print or Type Name of Officer  
President  
Title of Officer