



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2019  
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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BUS SVCS DIV

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1. Entity ID Number <b>000081904</b>		2. Exact name of the Corporation <b>Information with Integrity, Inc</b>	
3. Principal Office Address <b>155 Pleasant St.</b>		City <b>Pawtucket</b>	State <b>RI</b>
		Zip <b>02860</b>	
4. NAICS Code <b>561611</b>	5. Brief description of the character of business conducted in Rhode Island <b>Private Investigations</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Nicky Fernandes</b>		Vice-President Name <b>Catherine Fernandes</b>	
Street Address <b>PO Box 40783</b>		Street Address <b>PO Box 40783</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02940</b>		Zip <b>02940</b>	
Secretary Name <b>Catherine Fernandes</b>		Treasurer Name <b>Nicky Fernandes</b>	
Street Address <b>PO Box 40783</b>		Street Address <b>PO Box 40783</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02940</b>		Zip <b>02940</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>1,000</b>	CLASS/SERIES <b>CNP</b>
		PAR VALUE <b>\$0.0000</b>	
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 <b>Nicky Fernandes</b>			Date <b>11/16/18</b>
Signature of Authorized Representative <i>[Signature]</i>			

FILED

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BY **FF 745**  
**AA**