

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Filing Period: January 1 - M	March 1 • Filing	UAL REPOR	T FOR THE YEA	R2005	
FORM MUST BE TYPED OR PRI. 1. Corporate ID No.					
1. Сопроние из No. 64440	2. Name of Corporation BALSOFIORE &	COMPANY, LTD.			
3 Street Address Principal Rusiness 16 Mortin's 1	Office	•	Lincoln	State RT	02865
1. Business Phone No. 401-334-332	20	5. State of Incorporation RHODE ISLAND			6. SIC Code 6882
7. Brief Description of the Character FORENSIC ACCOUNTI	of Business Conducted in F NG, LITIGATION SUPP	thode Island	UD INVESTIGATION, ACCOU	NTING AND TAX SERVICE	s
8. NAMES AND ADDRESSE	S OF THE OFFICERS:	("X" BOX FOR ATT		SPACES BEFORE USING	ATTACHMENTS
Brign C Bal	sofiore		Vice President Name -	<u> </u>	
16 Martin's	Way		Street Address		
Lincoln	State ORT	zip 02865	City	State	Ζφ
Secretary: Name		.1	Treasurer Name		l
Same			Same		1
Sirver Address			Street Address		
City	State	Zip	City	State	Zip
D. NAMES AND ADDRESSE: Director Name No No. Street Address	S OF THE DIRECTOR	S: ("X" BOX FOR A	TTACHMENT) FILL II Director Name Street Address	N SPACES BEFORE USIN	G ATTACHMENTS
City	State	Zip	City	State	Zip
Director Name	J	.J	Director Name		
Sirvet Address			Street Address		
Сиу	State	Zíp	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	I ACHMENT) [: 11. SHARES ISSUED (ISSUED SHARES	 "X" BOX FOR ATTACHA	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 NO PAR VALUE	Common		1,000 No Par	Common	
This report must be	signed in ink by eith	er the President, Vice	President, Secretary, Assista	nt Secretary, Treasurer, R	eceiver or Trustee
1 i i i i	II. II. Bidii Bibii Bibii bibii !	11 11	•	•	
			Linder penalty of pe	jury, I declare and affirm tha	at I have examined this magn
			including any accom	panying schedules and state	
FII	_ED		contained herein are	true and entrect.	
			Signature of Officer	- V-ENSONOTE	Date
	1 2005		Brian C	: Balsofivre	
Ву:Ву	مر	_	Print or Type Name o	1_	
FOR SECRETARY OF STATE USE ONLY			Title of Officer	n L/	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004	
----------------------------------------------------	--

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 64440 **BALSOFIORE & COMPANY, LTD.** Lincoln 3 Street Address Principal Business Office **058**65 6. SIC Code 4 Business Phone No 5 State of Incorporation 401-334-3320 6882 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
FORENSIC ACCOUNTING, LITIGATION SUPPORT SERVICES, FRAUD INVESTIGATION, ACCOUNTING AND TAX SERVICES FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name President Name Same Street Address State Zip Secretary Name Same 2cmc Street Address Street Address Zip State 2ip City FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name NM Sirect Address Street Address Zip State ZIp City Director Name Director Name Street Address Street Address Zip State City State Ζф 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Par Value Number of Shares Number of Shares Class/Series Par Value No Per Common 3.000 NO PAR VALUE 1000 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report,

File Date FILED

Check No JAN 0 6 2004

By: By Con Secretary of State Use Only

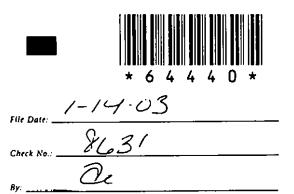
including any accompanying schedules and state	ements, and that all statements
contained herein are true and correct. Sum C Salsoficie	Jan 3, 2003
Signature of Officer Brian C Balsoficie	Date
Print or Type Name of Officer President	
Title of Officer	Form 630 Rev. 12/03

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

FORM MUST BE TYPED OR PR					
. Corporate ID No.	2. Name of Corpora				
64440		E & COMPANY, LTD.	City	State	ZIp
Street Address Principal Busin			Lincoln	RI	0286
16 Martin	5 Way	5. State of Incorporat		n L	6. SIC Code
. Business Phone No. 401-334-3	3220	•			688
Rilef Description of the Char	octer of Business,Conducted i	RHODE ISLA	NU /	- 10	
Forensic Acc	ounting Privil	e Investigation	is/Accounting & Ta	ix Support Seri	كعان
. NAMES AND ADDR	ESSES OF THE OFF	CERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
resident Name	2		Vice President Name		
Brian C. Bal	SETIAND.		Same		
treet Address	30 7 701 0		Street Address		
16 Martin's	Way				
City , July 1111 3	State	Zip	City	State	Zip
Lincoln	バユ	02862			-
ecretary Name			Treasurer Name		
Sime			Same		
treet Address			Street Address		
lty	State	Zip	City	State	Zip
. NAMES AND ADDE	RESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING AT	TACHMENTS
reet Address			Street Address		
lity	State	Zip	City	State	Zip
director Name			Director Name		•
treet Address			Street Address		
lty	State	Zip	City	State	Zip
0. SHARES AUTHOR	IZED (*X* BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	VT)
UTHORIZED SHARES			ISSUED SHARES		
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			3,000		

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



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

Title of Officer

→ 5

Form 630 12/02



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT	CORPORATION	ANNUAL REPORT	FOR	THE	YEAR	2002
Ciling Parind	l. Ianuary 1-March 1 .	Filling Fee: \$50.00				

STOP PLEASE READ INSTRUCTIONS

Period: January 1-March 1 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 64440 **BALSOFIORE & COMPANY, LTD.** 3. Street Address Principal Business Office 6. SIC Code 5. State of Incorporation 401-334-332 6882 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island. Accounting Services & Financial 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name 19 me State Zip Treasurer Name ንራለሃሪያ Zip State 2.10 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City ZIp Zip State Director Name Street Address Street Address City State Zip City State ZIp 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES **ISSUED SHARES** Class/Series Number of Shares Class/Series Number of Shares 3,000 NO PAR VALUE Commo ~ 3000

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



File Date:	3-4-02	
Check No.:	8194	
Ву:	Ce	
	Y 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.

that all statem	ients contained here	ein are true and correc	Et.
Brigo	C Balon	for Marl 2	002_
Signature of Office	" -	Date	
Brigh (C 134/50 F10	ارم	
Print or Type Nag	ne of Officer		

Tresident

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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. 64440	2. Name of Corpora BALSOFIOR	ition RE & COMPANY, L1	TD.		• •
3. Street Address Principal Busi	ness Office		Clty	State	Zip
16 martin	n's W94		Lincoln	$V \subset \mathcal{T}$	02865
4. Business Phone No. 401-334-	3320	S. State of Incorporation RHODE ISLA			e. 8885.
7. Brief Description of the Character Forensia Acco	acter of Business Conducted	in Rhode Island Hon Support Ser	vices, Fraud Invest	jitin, Accounting	& Tax Scruices
			CHMENT) FILL IN SPACE		
President Name	O . C .		Vice President Name		
Street Address	Balsotione		S4me Street Address		
16 Martin	's Way				
Lincoln	15 Way state RI	21p 02865	City	State	Zip
Secretary Name	•		Treasurer Name		•
Same			Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDE	RESSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
NIA					
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 AUTHORI	ZED ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	r)
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
3,000 SHS NO I	PAR VAL		3,000	Common	Du Par
				•	

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

	* 6 4 4 4 0 *
Flie Date:	1/19
Check No.:	y 70 T
Ву:	
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 a	ind correct.
Brien C Balsolina	Jan 17,2001
Signature of Officer	Date
Print or Type Name of Officer	
President	·
Title of Officer	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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. 2. Name of Corporation 64440 BALSOFIORE & COMPANY, LTD. 3. Street Address Principal Business Office S. State of Incorporation 6882 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN Financial Crime Linestragtions HCCOUN I INGLIGX FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Jame Street Address City State Zip City Street Address Zip City State City State Zip **FILL IN SPACES BEFORE USING ATTACHMENTS** 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name NIA Street Address Street Address ZIp Zip City City State Director Name Director Name Street Address Street Address Zip City State Zio Cirv State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Class/Series Par Value Number of Shares Nolar 3,000 SHS NO PAR VAL 3060

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

* 6 4 4 4 0 *	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.
File Date:	Comin C Belofine Jan 18, 2000
Check No.:	Signature of Officer Date Brian C Balsofivire
Ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP:
PI EASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. **BALSOFIORE & COMPANY, LTD.** 64440 State 3. Street Address Principal Business Office RT02865 Lincol 16 Mart 4. Business Phone No. . State of incorporation 6. SIC Code RHODE ISLAND 6882 401-334-3320 7. Brief Description of the Character of Business Conducted in Rhode Island Litigation Support, Accounting LTax Support Services Private Investigations 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Brian Same Street Address Street Address State Zip Treasurer Name Same Street Address Street Address City State ZIp State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) LIFILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City State Zip Director Nam Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 3,000 SHS NO PAR VAL 3,000 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

. 7	* 6 4 4 4 0 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 1 Check No.:	4-19-99	Stan C Palas from Jan 16, 1999 Signature of Officer Date
Ву:	AMF ARY OF STATE USE ONLY	Print or Type Name of Officer President Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOP PLIANE READ INSTRUCTIONS

	,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7			is incertor	
(FORM MUST BE TYPED IN B						
I. Corporate ID No.	2. Name of Corpo		· n			
64440 Street Address Principal Busine		ORE & COMPANY, LT				
16 martin's			City	State	_ 02865 _	
Business Phone No.	» _ Way	5. State of Incorporation	Lincoln		- 102065 -	
. Deported to the true	J	RHODE ISLA			6882	
. Brief Description of the Charac	ter of Business Conducte	محمده				
• •	•	t				
NAMES AND ADDRE	ESSES OF THE OF	FICERS ("X" BOX FOR ATT	ACHMENT)			
resident Name			Vice President Name			
Brian	, C'Bal	Isoficie	59me			
treet Address	1 ~	· > > > 101C=	Street Address			
	artin's L	Vq Y				
City	State	Zip	City	State	Zip	
Lincoln		102865	,		j	
ecretary Name			Treasurer Name			
- 24me -		· —— • ————	- 			
treet Address			Street Address	Street Address		
City	State	Zip		State	Zip	
,117	State	2,4	: 5117	,	2.0	
NAMES AND ADDRE	ESSES OF THE DI	RECTORS ("X" BOX FOR A	TTACHMENT)			
Director Name			· Director Name		*****	
N/A	. •	•				
itreet Address			Street Address		 	
. <u></u>						
City	State	Zip	City	State	Zip	
	.,				,,	
Director Name			. Director Name			
Street Address			Street Address			
artet Aboress			atitet Mantess			
City -	State	Zip	City	State	Zip	
•		1 -7	•	1		
O. SHARES AUTHORIZ	ED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	π) G	
			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
					0) 0	
3,000 SHS NO PAR VAL		3000_	Cemmon	NoPar		
			i			
his report must be sig	gned in ink by e	ither the President, Vic	e President, Secretary, Ass	sistant Secretary, Trea:	surer, Receiver or Trust	
	,	·	•		•	
1 188	JER BILLE BIRL GIRL	II 88) ISSI				

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

Brian Balsofrose

Print or Type Name of Officer

For SECRETARY OF STATE USE ONLY

Title of Officer



State

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Zip

NoPer

City

AUTHORIZED SHARES

Number of Shares

1,000

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. Balsofiore & Company, Ltd 3. Street Address Principal Business Office Martin 401-334-3320 Private Investigations, Litigation Support, Accounting 8Tax Support 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Brian State Zip Secretary Name Treasurer Name Zip City State City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address Street Address State ZIp Zip City City State Director Name Director Name Street Address Street Address

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

City

ISSUED SHARES

Number of Shares

1,600

Title of Officer

State

Class/Series

Zip

No Par

PROFIT CORPORATION ANNUAL REPORT

For Secretary of State Use Only

By:

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 - (401) 277-3040

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

BALSOFIORE & COMPANY, LTD. 1 THE MORTH IN SWAY 1 LINCOIN RT 02865 1 STATE OF FORK 1 MANY STATE OF FORK				PRINT IN BLACK INK.	·	
1. SHEET COSES AND ADDRESS AND ADDRESS ES OF THE OFFICERS AND ADDRESS AND ADDRESS AND ADDRESS ES OF THE OFFICERS AND ADDRESS AND ADDRESS AND ADDRESS ES OF THE OFFICERS AND ADDRESS AND ADDRESS AND ADDRESS ES OF THE OFFICERS AND ADDRESS AND ADDRESS AND ADDRESS ES OF THE OFFICERS ADDRESS ES OFFICERS	1. CORPORATE ID NO.	2. NAME OF CORPORATION				
Lincoln RT 02865			OFIORE & COMPANY		· ·	- Facilities
RECORD IN A MES AND ADDRESSES OF THE DIRECTORS METALORISM METALO					ł T	
POI-334-3320 RHODE ISLAND 7880 Debt 1235-17-3320 RHODE ISLAND 7880 Litigation Support, White-Coller Crime Truestygations, Accounting Support Services RESEASON TO Support Support Services RESEASON TO Support Suppo		<u> </u>	LS STATE OF PACOGORATION	LINCOTEC	151	•
Litigation Support, White Giller Crime Investigations, Accounting Support Services Comment		0	Į.	SLAND		
SECTION NAME SET IN A MESS AND ADDRESSES OF THE OFFICERS WATTON SING LINCOLN SING DECOMPOSE STREET ADDRESS STREET ADDRE	7 BRIEF DESCRIPTION OF THE CHARACTER OF	RUSINESS CONTRUCTED BY BRIDE	DE ISLAND			i
SECTION NAME SET IN A MESS AND ADDRESSES OF THE OFFICERS WATTON SING LINCOLN SING DECOMPOSE STREET ADDRESS STREET ADDRE	Litigation Sup	port, Whit	c-Coller Crime	Investigations,	Accounting	Support Services
STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE STATE S	POPCONENT NAME	8 . N	AMES AND ADDR	ESSES OF THE OF	FICERS	
This report must be SIGNED IN INK by either the President. Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and aftirm that I have examined this report, including any accompanying schedules and statements, and that all statements are three and correct.	Brian C 13	Uso Frome		'Same		· · · · · · · · · · · · · · · · · · ·
LIN COLIN RT 02865 INCOMPANY INCOMPANY STREET ADDRESS TO STREET ADDRESS STREET ADDRESS STREET ADDRESS TO STREET ADDRESS STREET ADDRESS STREET ADDRESS TO STREET ADDRESS STREET ADDR	16 Martin'	s Way				,
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 here are true and correct.	· •	STATE	02865	ary	STATE	.ΣP COD€
STREET ADDRESS TH STATE DF COOK STREET ADDRESS STREET ADDRESS TH STATE DF COOK STATE DF COOK STATE DF COOK STATE STATE STATE DF COOK STATE STATE DF COOK STATE STATE STATE STATE DF COOK STATE STATE STATE STATE DF COOK STATE STATE STATE STATE STATE STATE DF COOK STATE STA	SECRETARY NAME					'
9. NAMES AND ADDRESSES OF THE DIRECTORS ORECTOR NAME ORE	STREET ADDRESS			STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·
9. NAMES AND ADDRESSES OF THE DIRECTORS ORECTOR NAME ORE						
THEE ADDRESS STREET ADDRESS TO STATE DP COOR OTY STATE DP COOR OTY STATE DP COOR OTY STATE DP COOR THEE ADDRESS TO STATE DP COOR OTY STATE DP COOR TO STATE DP COOR TO STATE DP COOR OTY STATE DP COOR AUTHORIZED SHARES ISSUED SHARES ISSUED SHARES AUTHORIZED SHARES ISSUED SHARES AUTHORIZED SHARES AUTHORIZED SHARES AUTHORIZED SHARES ISSUED SHARES AUTHORIZED SHARES AUTHORIZED SHARES INDUSTRIET ADDRESS THEE ADDRESS TO SHARE ADDRESS TO SHARE ADDRESS INDUSTRIET ADDRESS TO SHARE ADDRESS TO SHARE ADDRESS INDUSTRIET ADDRESS INDUS	air	STATE	. ZIP COOE	aiy	STATE	ZP C00€
THE PROPESS STATE DOORS OF STATE DEFOOR OF STA			AMES AND ADOR	ESSES OF THE DI	RECTORS	
INTEL ADDRESS STATE DP COOR OTY STATE DP COOR OTY STATE DP COOR OTY STATE DP COOR THEET ADDRESS STATE DP COOR OTY STATE DP COOR THEET ADDRESS STATE DP COOR THEET ADDRESS STATE DP COOR STATE DP COOR	DIRECTOR HAME	11	· · · · · · · · · · · · · · · · · · ·		" <u></u>	
STATE DP COOR DECCOMMUNE DECCOMMUNE DECCOMMUNE DECCOMMUNE DECCOMMUNE DECCOMMUNE STATE DP COOR STATE STATE DP COOR STATE DP COOR STATE STATE DP COOR STATE STATE DP COOR ST		·	 	CTDECT AMORES		
INSET ADDRESS 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES NAMED OF SHARES 1 0 SHA R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 0 SHA R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A N D I S S U E D AUTHORIZED SHARES 1 1 0 S H A R E S A U T H O R I Z E D A U A U A	OTHER PERMILEN					
SIRET ADDRESS ISSUED SHARES ISSUED SHARES SIRET ADDRESS ISSUED SHARES SIRET ADDRESS ISSUED SHARES SIRET ADDRESS ISSUED SHARES PAR VALUE 3,000 SHS NO PAR VAL 3,000 SHS NO PAR VAL 3,000 SHS NO PAR VAL This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.	āπΥ	STATE	ZIP COOE	ary	STATE	ZIP C00%
SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS OTY SHATE DECODE 1.0. SHARES AUTHORIZED AND LSSUED SHARES ISSUED SHARES ISSUED SHARES OASS SERES PARVALUE 3,000 SHS NO PAR VAL This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.	DIRECTOR HAVE			DIRECTOR HAME	i	
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.						
AUTHORIZED SHARES NAMER OF SHARES NAMER OF SHARES AUTHORIZED A NO ISSUED AUTHORIZED SHARES ISSUED SHARES OLASS / SERVES PAR VALUE 3,000 SHS NO PAR VAL This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.	STREET ADDRESS			STREET ADORESS		
AUTHORIZED SHARES NAMER OF SHARES OLASS/SERIES PAR VALUE 3,000 SHS NO PAR VAL This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.	atv	STATE	ZIF COOE	άτγ	STATE	ZP C00E
AUTHORIZED SHARES NAMER OF SHARES OLASS/SERIES PAR VALUE 3,000 SHS NO PAR VAL This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.					<u> i </u>	
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.			SHARES AUTHOR	IZED AND ESSUED		
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.	NUMBER OF SHARES		PAR VALUE	HUMBER OF SHARES		PAR VALUE
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.			· · · · · · · · · · · · · · · · · · ·			
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.	3,000 SHS N	O PAR VAL		5 <u>,000 Sh</u>	5 100 1 45 (14/UR
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.						
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.			•			
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.			·			1
report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.	Presi					e j
				report, including	any accompanying sch	edules and statements, and tha
	,	1.	•	Paris	- (3). n.	•
File Date: 5/7/95 Signature of Officer	File Date: 5/7	1/96		Signature of Office	cer Jal Dofels	RL
File Date: 5/7/96 Signature of Officer Signature of Officer Signature of Officer Print or Type Name of Officer	Check No: 6294			Brian C Balsofiore		

Title of Officer

Filing Fee \$50.00 Payable to. Secretary of State

PLEASE TYPE or PRINT

File Annually LLC Sept. 1 - Nov. 1 CORP, Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277 3040

Corporate ID: UH4HD	Annual Report for the year: 1993 1995	
Name of Business Entity: Balso From & Company	Ltd	_
Business entity organized under the laws of the State of Parallel Pederal Taxpayer Identification Number.	Business Entity is (check one): V Business Corporation (See RIGL Chapter 7-1.1)	
For foreign entity, address and telephone number of principal office:	[] Limited Liability Company (See RIGL 7-16)	,
	Name, title and mailing address of contact person to whom communications may be directed:	
Phone: 40/		—
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): 2227 Mineral Spring Ave N. Providence RT 029.11 Phone: (401) 231-3205	Brief statement of the character of business conducted in Rhode Island Provide Ciccounting Support Schwices a Private Forestigations Date of Organization: May 1991. 5 24 91 to Date of Qualification to do business in Rhode Island (if foreign entity):	
	HE OFFICERS ARE:	
CHIEF OF RATING OFFICER OR PRESIDENT (CHIEF OFFI 2227 MINCES AD VICE PRESIDENT (CHIEF OFFI AT RECT AD VICE PRESIDENT (CHIEF OFFI AT VICE PRESIDENT (CH	Spring Auc, N. Providence, RT 02911	
COSTORIANO PRECORINGE SECRETARY (Co. Ow) STREET AD	DREAS CITASTATE ZIPC	OSE
CHIEF ENANCIAL CHECER OR WITHEASURER (CNIN ON) STREET AD	DREAS CITY/STATE ZIP C	OPE
SAME THE NAMES OF THE NAMES OF THE STREET AD	IE DIRECTORS ARE: ORESS CHYSTATE ZPC	<u>νυε</u>
NAME STREET AD	DRESS CHIATAIE ZIPC	OOE
NAME STREET AD	ORESS CITYSTAIL 20°C	ODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER 3,000	NUMBER 3,600	
CLASS Common	CLASS Common	
SERIES	SERIES	
PAR VALUE OR WITHOUT PAR No Par	PAR VALUE OR WITHOUT PAR No. Par	
Date Desember 15, 1994 By	Brian C Balso Fivre	
PRINT OR	TISA C Balas Frome.	
र के विकास	SPICEN SIGNING	
DESIGNATED REGISTERED OR RESID	ENT AGENT FOR SERVICE OF PROCESS:	_

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

FILED

JAN 0 3 1995

H659

CHF-5969

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

File Annually
LLC Sept. 1 - Nov. 1
CORP Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporata ID:	0054440			1994
Corporate ID:			Report for the year: OFICE & COMPANY	
Name of Business Entity: .:				· , LIU.
			ness Entity is (check one)	
Business entity organized under		··	Business Corporation (S	iee RIGL Chapter 7-1-1)
Federal Taxpayer Identification	Number:	 .	•	rporation (See RIGL Chapter 7-5-1
For foreign entity, address and b	elephone number of principal office:	ļ	[] Limited Liability Compa	any (See RIGL 7-16)
	<u> </u>		e, title and mailing address of co	ontact person to whom
		ı R	munications may be directed:	e President
		122		
Phone: (401) 231-3	3205	\(\frac{1}{N} \)	Providence, R	T 102911
•	ncipal office of business entity in Rho	nde 12	Trounder Jeres 1 1 7 7	<u> </u>
Island (Provide street address - f			Estatement of the character of hi	usiness conducted in Rhode Island
	vers Sprins Ave		sure accounting Sur	
N. Pravide			inting and private	, , , , , , , , , , , , , , , , , , , ,
, , , , , , , , , , , , , , , , , , , ,			of Organization	10.
Phone (401) 231~3	- ::: とフかく			in Rhode Island (if foreign entity):
rione <u>rur</u> . <u>z jr</u>				
1	TETER NA B	THE OF THE OFFI	OPPO A DE	
CHISS EXECUTIVE OFFICER OR	PRESIDENT ICHER Grain	IES OF THE OFFI STREET ADDRESS	CERS ARE: CITYSTATE	7.P.C
Brigh C Ball So	10re 222	Wineral S	Spring Ave, Nilro	vidence RI 0291
1.1 chies-oservitse osus seor 2	VICE PRESIDENT (Oscil Osci	STREET ADDRESS	CITYSTATE	T ZIE Č
CUSTODIAN OF RECORDS OR 📆	DOME (NO CH)	STREET ADDRESS	GINSTATE	7 IP C
CHIEF HINANGAL OFFICER OR 32	TREASURE CONC.	STREET ADDRESS	CITYDIATE	.z.P.C
~	Same	3.44.1.4.4.4.4.03	Ci (isina)	ziric
NAME	THE NAM	ES OF THE DIREC	TORS ARE:	
None _		STREET ACKNOSS	FICHNIATE	Z*PC
NAME)	·	STREET ADDRESS	CITYSTATE	7:F(
NAME:		STREET ADDRESS	CITYSTATE	ZJP C
			• • • • • • • • • • • • • • • • • • • •	
NUMBER OF SHARES AUTI	IORIZED (If Applicable)	NUMBE	ER OF SHARES ISSUED AND	OUTSTANDING (If Applicable)
NUMBER 3,000	 -	NUMBI		
CLASS Common		!	,	
CE1122 COW WOV	-	CLASS	Common	My DIAG
SERIES		SERIES		PAID NOV 2 3 1994 / (1)
PAR VALUE OR AND D		PAR VA	ALUE OR 10 D	1101 20 1201 7
WITHOUT PAR No P	÷ (—		UT PAR No Par	SECT OF STATE
 .				
Date _ Douchter	17. 10.94	By Brie	· C Beloline	,
1200 - 1200 CENTER 1	. 19 7	By <u> </u>	C Balsofore	
;		/ST19n	C Solsotione	-
ļ		Preside		
ļ		THU, OF OFFICER SIGNS		
Form 31 1/54				
	SIGNATED REGISTERED OF	R RESIDENT AGE	NT FOR SERVICE OF PE	ROCESS:
PLEASE NOTE: It the Council				

i

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0054440	*******	Ann	ual Report for the year	ar1993
FIRST: The	name of the corporat	ion is	BALSOF	FIORE & COMPAN	Y, LTD.
SECOND: It	is incorporated unde	r the laws of	RI White-		e Investigations
FOURTH: If	foreign corporation,	address of its p	principal office.	N 14A	
Fifth: Busi	ness address in Rhod	e Island 2.22	27 Minero Providence	I Spring Aug	7/1
	nes and addresses of i			Address (including number	(Attach rider if necessary)
••••		Director	••••••		
		Director	••••••		
		Director	***************************************		
Brian C. 1	3also Frore	President	2227 Mu	necal Spring Ave	N. Previdence JRI
		Vice Presid	lent		
		Secretary	•		
	>	Treasurer	••••••	······································	······
	Number of Shares aut	horized: ··	Se	rries	Par Value or statement that shares are without par value
7.0v .v					No Par
EIGHTH: Nu	umber of Shares issue	d: s Comm	Rec'd & File	MAY 27 1993 cries Chook 56	Par Value or statement that shares are without par value No Pay-
Dated	ny 27, 19	93	139/50 From (Name of Corporatio	· 2 Company	, Itol
(Report	must be signed by an offi	cer)	Title President	dent	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0054440	Annual Report for t	he year 1992		
FIRST: The name of	of the corporation is	SALSOFICRE & COMPANY, LTD.			
Second: It is inco	rporated under the laws of	Rhode Island			
THIRD: Character	of business, briefly stated, is.	White - Coller Con	me Investigations,		
- Accounting Suppo	ist Services, M	anagement, Financial	and IncumeTax Consal		
·					
FIFTH: Business ad	dress in Rhode Islandとこ	27 Mineral Sprin	4 Avenue I 02911		
SIXTH: Names and	addresses of its directors and Office		(Attach rider if necessary) number, street, zip code)		
	Director				
	Director		······		
	Director		······		
	President	Brisa C Bal	safiore		
·	Vice Presid	lent Same			
	Secretary	Same			
	Treasurer	Same			
SEVENTH: Number	of Shares authorized:		Par Value or statement that		
No of Shares	Class	Series	shares are without par value		
	Commen		No Par		
Eighth: Number of	of Shares issued:		Par Value or statement that shares are without		
No. of Shares	Class	Scries	par value		
	Common		NoPar		
Dated Fehrnary	<u> 5, 1992</u>	BS/SOFIUTE & Com	pany, Ital		
		By Brian C Ba	lofice		
(Report must be	signed by an officer)	Title President			