



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------|---------------------------------------------------------------------|--------------|---------------------|
| 1. Corporate ID No. 64440 | | 2. Name of Corporation BALSOFIORE & COMPANY, LTD. | | | |
| 3. Street Address Principal Business Office 16 Martin's Way | | | City Lincoln | State RI | Zip 02865 |
| 4. Business Phone No. 401-334-3320 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 6882 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island FORENSIC ACCOUNTING, LITIGATION SUPPORT SERVICES, FRAUD INVESTIGATION, ACCOUNTING AND TAX SERVICES | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Brian C Balsiofiore | | | Vice President Name Same | | |
| Street Address 16 Martin's Way | | | Street Address | | |
| City Lincoln | State RI | Zip 02865 | 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 | | |
| 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 |
| 3,000 NO PAR VALUE | Common | | 1,000 No Par | Common | |
| | | | | | |

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



FILED

File Date

MAR 11 2005

Check No.

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 of Officer
Brian C Balsiofiore

Date

Print or Type Name of Officer
Brian C Balsiofiore

President

Title of Officer



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. 64440 | | 2. Name of Corporation BALSOFIORE & COMPANY, LTD. | | | |
| 3. Street Address Principal Business Office 16 Martin's Way | | City Lincoln | | State RI | Zip 02865 |
| 4. Business Phone No 401-334-3320 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 6882 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island FORENSIC ACCOUNTING, LITIGATION SUPPORT SERVICES, FRAUD INVESTIGATION, ACCOUNTING AND TAX SERVICES | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Brian C Balsofiore | | | Vice President Name Same | | |
| Street Address 16 Martin's Way | | | Street Address | | |
| City Lincoln | State RI | Zip 02865 | 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 N/A | | | Director Name | | |
| 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 |
| 3,000 NO PAR VALUE | | | 1000 | Common | No 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 *

| | |
|---------------------------------|--------------|
| File Date | FILED |
| Check No | JAN 06 2004 |
| By | By 9014 GMA |
| 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.

Brian C Balsofiore Jan 3, 2003
Signature of Officer Date
Brian C Balsofiore
Print or Type Name of Officer
President
Title of Officer



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

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 PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

64440 BALSOFIORE & COMPANY, LTD.

3. Street Address Principal Business Office

16 Martin's Way

City

Lincoln

State

RI

Zip

02865

4. Business Phone No.

401-334-3320

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6882

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

Forensic Accounting / Private Investigations / Accounting & Tax Support Services

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

President Name

Brian C. Balsiore

Vice President Name

Same

Street Address

Street Address

16 Martin's Way

City

Lincoln

State

RI

Zip

02865

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) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

N/A

Director Name

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

3,000 NO PAR VALUE

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

ISSUED SHARES

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



* 6 4 4 4 0 *

File Date: 1-14-03

Check No.: 8631

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.

Brian C. Balsiore Jan 11, 2003

Signature of Officer

Date

Brian C. Balsiore

Print or Type Name of Officer

President

Title of Officer



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

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64440 2. Name of Corporation BALSOFIORE & COMPANY, LTD.
3. Street Address Principal Business Office 16 Martin's Way City Lincoln State RI Zip 02865
4. Business Phone No. 401-334-3320 5. State of Incorporation RHODE ISLAND 6. SIC Code 6882

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

Accounting Services & Financial Investigations

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

| | |
|--------------------------------------------|------------------------------------|
| President Name <u>Brian C Balsfiore</u> | Vice President Name <u>Same</u> |
| Street Address <u>16 Martin's Way</u> | Street Address <u>Same</u> |
| City <u>Lincoln</u> | City <u>Same</u> |
| State <u>RI</u> | State <u>Same</u> |
| Zip <u>02865</u> | Zip <u>Same</u> |
| Secretary Name <u>Same</u> | Treasurer Name <u>Same</u> |
| Street Address <u>Same</u> | Street Address <u>Same</u> |
| City <u>Same</u> | City <u>Same</u> |
| State <u>Same</u> | State <u>Same</u> |
| Zip <u>Same</u> | Zip <u>Same</u> |

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

| | |
|-----------------------------|----------------|
| Director Name <u>N/A</u> | Director Name |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |

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

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---------------------------|---------------|---------------|
| <u>3,000 NO PAR VALUE</u> | <u>Common</u> | <u>No Par</u> |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|---------------|---------------|
| <u>3000</u> | <u>Common</u> | <u>No Par</u> |

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 *

File Date: 3-4-02

Check No.: 8194

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.

Brian C Balsfiore Mar 1, 2002
Signature of Officer Date

Brian C Balsfiore
Print or Type Name of Officer

President
Title of Officer



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

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 Corporation BALSOFORE & COMPANY, LTD. | |
| 3. Street Address Principal Business Office 16 Martin's Way | | City Lincoln | State RI |
| 4. Business Phone No. 401-334-3320 | | 5. State of Incorporation RHODE ISLAND | |
| 6. SIC Code 8882 | | 7. Brief Description of the Character of Business Conducted in Rhode Island Forensic Accounting, Litigation Support Services, Fraud Investigation, Accounting & Tax Services | |

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

| | |
|--------------------------------------------|------------------------------------|
| President Name Brian C Balsofire | Vice President Name Same |
| Street Address 16 Martin's Way | Street Address |
| City Lincoln | City |
| State RI | State |
| Zip 02865 | Zip |
| Secretary Name Same | Treasurer Name Same |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |

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

| | |
|-----------------------------|----------------|
| Director Name N/A | Director Name |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | 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 | Common | No 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 *

File Date: 1/19

Check No.: 4707

By: 2

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.

Brian C Balsofire Jan 17, 2001
Signature of Officer Date
Brian C Balsofire
Print or Type Name of Officer
President
Title of Officer



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

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. 64440 | | 2. Name of Corporation BALSOFTORE & COMPANY, LTD. | |
| 3. Street Address Principal Business Office 16 Martin's Way | | City Lincoln | State RI |
| 4. Business Phone No. 401-334-3320 | | 5. State of Incorporation RHODE ISLAND | Zip 02865 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Financial Crime Investigations, Litigation Support, Accounting & Tax Support Services | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name Brian C Balsofire | | Vice President Name Same | |
| Street Address 16 Martin's Way | | Street Address | |
| City Lincoln | State RI | City | State |
| Zip 02865 | | Zip | |
| Secretary Name Same | | Treasurer Name Same | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Director Name N/A | | 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 | |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) | | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | |
| AUTHORIZED SHARES | | ISSUED SHARES | |
| Number of Shares | Class/Series | Number of Shares | Class/Series |
| 3,000 SHS NO PAR VAL | | 3000 | No 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 *

File Date: 1/24/00

Check No.: 7371

By: Cc

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.

Brian C Balsofire Jan 18, 2000
Signature of Officer Date

Brian C Balsofire
Print or Type Name of Officer

President
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------|------------------------------------|--------------------|----------------------------|
| 1. Corporate ID No. 64440 | | 2. Name of Corporation BALSOFIORE & COMPANY, LTD. | | | |
| 3. Street Address Principal Business Office 16 Martin's Way | | City Lincoln | | State RI | Zip 02865 |
| 4. Business Phone No. 401-334-3320 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 6882 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Forensic Auditing, Private Investigations, Litigation Support, Accounting & Tax Support Services | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Brian C Balsafiore | | | Vice President Name Same | | |
| Street Address 16 Martin's Way | | | Street Address | | |
| City Lincoln | State RI | Zip 02865 | 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 N/A | | | Director Name | | |
| 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 |
| 3,000 SHS NO PAR VAL | | | 3,000 | No Par | |

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



File Date: **4-19-99**
Check No.: **7041**
By: **AMF**
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.

Brian C Balsafiore Jan 16, 1999
Signature of Officer Date
Brian C Balsafiore
Print or Type Name of Officer
President
Title of Officer



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)



| | | | |
|------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------|-------------------------------|
| 1. Corporate ID No. 64440 | | 2. Name of Corporation BALSOFIORE & COMPANY, LTD. | |
| 3. Street Address Principal Business Office 16 Martin's Way | | City Lincoln | State RI |
| 4. Business Phone No. | | 5. State of Incorporation RHODE ISLAND | 6. SIC Code 6882 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | |
| President Name Brian C Balsafiore | | Vice President Name Same | |
| Street Address 16 Martin's Way | | Street Address Same | |
| City Lincoln | State RI | City | State |
| Zip 02865 | | Zip | |
| Secretary Name Same | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | |
| Director Name N/A | | 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 | |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | |
| AUTHORIZED SHARES | | ISSUED SHARES | |
| Number of Shares 3,000 | Class/Series No Par | Number of Shares 3000 | Class/Series Common |
| Par Value 3,000 SHS NO PAR VAL | | Par Value No 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 *

File Date: **3-13-98**
Check No.: **6753**
By: **UP**

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.

Brian C Balsafiore **Mar 8, 1998**
Signature of Officer Date
Brian C Balsafiore
Print or Type Name of Officer
President
Title of Officer



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

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)

1. Corporate ID No. 64446
2. Name of Corporation Balsofiore & Company, Ltd
3. Street Address Principal Business Office 16 Martin's Way
City Lincoln State RI Zip 02865
4. Business Phone No. 401-334-3320
5. State of Incorporation RI
6. SIC Code 6882
7. Brief Description of the Character of Business Conducted in Rhode Island Private Investigations, Litigation Support, Accounting & Tax Support Services
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Brian C Balsofiore
Street Address 16 Martin's Way
City Lincoln State RI Zip 02865
Vice President Name Same
Street Address
City State Zip
Secretary 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)

Director Name N/A
Street Address
City State Zip
Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-------------------|--------------|-----------|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1,000 | Common | No Par | 1,000 | Common | No Par |

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.

File Date: 5/16/97
Check No.: 16563
By: [Signature]
FOR SECRETARY OF STATE USE ONLY
Signature of Officer: Brian C Balsofiore
Date: May 7, 1997
Print or Type Name of Officer: Brian C Balsofiore
Title of Officer: President

PROFIT CORPORATION ANNUAL REPORT

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

PLEASE TYPE OR PRINT IN BLACK INK.

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------|------------------------------------|--------------------|----------------------------|
| 1. CORPORATE ID NO. 64440 | | 2. NAME OF CORPORATION BALSOFIORE & COMPANY, LTD. | | | |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 16 Martin's Way | | | CITY Lincoln | STATE RI | ZIP CODE 02865 |
| 4. BUSINESS PHONE NO. 401-334-3320 | | 5. STATE OF INCORPORATION RHODE ISLAND | | | 6. SIC CODE 7880 |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Litigation Support, White-Collar Crime Investigations, Accounting Support Services | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS | | | | | |
| PRESIDENT NAME Brian C Balsiore | | | VICE PRESIDENT NAME Same | | |
| STREET ADDRESS 16 Martin's Way | | | STREET ADDRESS | | |
| CITY Lincoln | STATE RI | ZIP CODE 02865 | CITY | STATE | ZIP CODE |
| SECRETARY NAME Same | | | TREASURER NAME Same | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS | | | | | |
| DIRECTOR NAME N/A | | | DIRECTOR NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| DIRECTOR NAME | | | DIRECTOR NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| 10. SHARES AUTHORIZED AND ISSUED | | | | | |
| 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 Shs No 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.

File Date:

5/7/96

Check No:

6294

By:

cc gmt

For Secretary of State Use Only

Signature of Officer

Brian C Balsiore

Brian C Balsiore

Print or Type Name of Officer

President

Title of Officer

May 3, 1996

Date

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT
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

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

Corporate ID: 64440 Annual Report for the year: 1993 1995

Name of Business Entity: Balso Fore & Company, Ltd

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office: _____

Phone: (401) 231-3205

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, RI 02911

Phone: (401) 231-3205

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Same as Officer

Brief statement of the character of business conducted in Rhode Island

Provide accounting support services,
Private Investigations

Date of Organization: May 1991 5/24/91

Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

| OFFICE | NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------|--------------------------|--------------|
| <input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) | <u>Brian C Balso Fore</u> | <u>2227 Mineral Spring Ave,</u> | <u>N. Providence, RI</u> | <u>02911</u> |

| OFFICE | NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|---------------------------------------------------------------------------------------------------------|-------------|----------------|------------|----------|
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One) | <u>Same</u> | | | |

| OFFICE | NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|-------------------------------------------------------------------------------------------------|-------------|----------------|------------|----------|
| <input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One) | <u>Same</u> | | | |

| OFFICE | NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|---------------------------------------------------------------------------------------------------------------|-------------|----------------|------------|----------|
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) | <u>Same</u> | | | |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------------|----------------|------------|----------|
| <u>N/A</u> | | | |

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
| | | | |

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
| | | | |

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 3,000

CLASS Common

SERIES

PAR VALUE OR
WITHOUT PAR

No. Par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 3,000

CLASS Common

SERIES

PAR VALUE OR
WITHOUT PAR

No. Par

Date December 15, 19 94

By Brian C Balso Fore

Brian C Balso Fore

President

TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT 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 03 1995

BY 1659
CL# 5969

Filing Fee \$30.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
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

CP# 5957-MMC
File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0054440 Annual Report for the year: 1994

Name of Business Entity: BALSOFIORE & COMPANY, LTD.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: (401) 231-3205

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, RI 02911

Phone: (401) 231-3205

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Brian C. Balsafiore President
2227 Mineral Spring Avenue
N. Providence, RI 02911

Brief statement of the character of business conducted in Rhode Island:

Provide accounting support services,
consulting and private investigations

Date of Organization May 1991 05/24/91 MMC

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)
Brian C. Balsafiore 2227 Mineral Spring Ave, N. Providence, RI 02911
CITY/STATE/ZIP CODE

☐ CHIEF FINANCIAL OFFICER OR ☒ VICE PRESIDENT (Check One)

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)
Same
CITY/STATE/ZIP CODE

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)
Same
CITY/STATE/ZIP CODE

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)
Same
CITY/STATE/ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME: None STREET ADDRESS: CITY/STATE: ZIP CODE:

NAME:) STREET ADDRESS: CITY/STATE: ZIP CODE:

NAME:) STREET ADDRESS: CITY/STATE: ZIP CODE:

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 3,000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 3,000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par

PAID

NOV 23 1994

SECY OF STATE

Date November 17, 1994

By Brian C. Balsafiore

Brian C. Balsafiore

President

TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT 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

BRIAN C. BALSOFIORE
3227 MINERAL SPRING AVENUE
NO. PROVIDENCE RI 00000

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0054440 Annual Report for the year 1993

FIRST: The name of the corporation is BALSO FIORE & COMPANY, LTD.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is White-Collar Crime Investigations

FOURTH: If foreign corporation, address of its principal office NA

FIFTH: Business address in Rhode Island 2227 Mineral Spring Ave
N. Providence, RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Brian C. Balsofiore President 2227 Mineral Spring Ave, N. Providence, RI

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares 3,000

Class Common

Series

Par Value
or statement that
shares are without
par value

No Par

EIGHTH: Number of Shares issued:

No. of Shares 3,000

Class Common

Series

Par Value
or statement that
shares are without
par value

No Par

Rec'd & Filed MAY 27 1993

check 5675

Dated May 27, 1993

Balsofiore & Company, Ltd
(Name of Corporation)

By Brian C. Balsofiore

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

10/30/92

Corporate ID 0054440 Annual Report for the year 1992

FIRST: The name of the corporation is BALSOFIORE & COMPANY, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is White-Collar Crime Investigations, Accounting Support Services, Management, Financial and Income Tax Consulting

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2227 Mineral Spring Avenue
North Providence, RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

President

Brian C Balsafiore

Vice President

Same

Secretary

Same

Treasurer

Same

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

Common

No Par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

Common

No Par

Dated February 5, 1992

Balsafiore & Company, Ltd
(Name of Corporation)

By Brian C Balsafiore

Title President

(Report must be signed by an officer)