

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

Form 630 Rev. 12/03

ROFIT	CORPORATION	ANNUAL REPORT	FOR THE YEAR	2005

Filing Period: January 1 - March 1 Filing Fec: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 87153 MJM Investigations, Inc. 3. Street Address Principal Business Office 21 **NORTH CAROLINA** 5744 7. Brief Description of the Character of Business Conducted in Rhode Island PRIVATE INVESTIGATIONS. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Michael asone Street Address Sired Address Street Address State City State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Sirvet Address Street Address State 7.lp City State Director Name Street Address Street Address State Ζip City State Zιp ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED 11. SHARES ISSUED " BOX FOR ATTACHMENT) 🗍 AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value 100,000 COMM \$1.00 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 a urue and corrects FOR SECRETARY OF STATE USE ONLY



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
fling Period: January 1 - March 1 • Filing Fee: \$50.00	
FORM MUST BE TYPED OR PRINTED IN BLACK)	

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Secretary Name			Treasurer Name		
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Under penalty of perjary, I declare and including any accompanying schedule contained heroin are my and forect	I affirm that I have examined this report. And statements, and that all statements
Signature of Officer Presiden	+ Mchael
Print or Type Name of Officer	Malone
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

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



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File Date:	1-13-03	
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FOR SECRETARY OF STATE USE ONLY

President Title of Officer

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.

Print or Type Name of Officer



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

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PROFIT CORPORATION Filing Period: January 1-March 1 •	RT FOR	THE YE	EAR2002



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(FORM MUST BE TYPED IN BI	LACK)				
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87153		tigations, Inc.			
3. Street Address Principal Busines			City	State	Zip
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4. Business Phone No.		5. State of Incorporation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>y. C</i>	6. SIC Code
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7. Brief Description of the Charact	ter of Business Conducted				
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8. NAMES AND ADDRE		FICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
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Secretary Name	, ,		Treasurer Name	,,,,,	
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his report must be sigi	ned in ink by eit	her the President, Vice	President, Secretary, As	sistant Secretary, Trea:	surer, Receiver of Trus
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File Date:	1-25-02	
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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.

BX Inax	1/22/12
Signature at Officer	isate
Brent Faggart	

Print or Type Name of Officer //

Title of Officer Form 630 12101

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

Office of the Secretary of State



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. 2. Name of Corporation 87153 MJM Investigations, Inc. 3. Street Address Principal Business Office NORTH CAROLINA FOURS THE OPFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS JOSE Michael Aprillede # FILL IN SPACES BEFORE USING ATTACHMEN 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Showel Street Address Street Address City State Zip Cin State Zip Director Name Director Name None Street Address Street Address City State Zip City State Zip10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTIHORIZZZO SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Par Value Class/Series Par Value 100,000 SHS COMM \$1.00

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: Check No.:	2291	-
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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.

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Signature of Officer	-70	Date	

Print or Type Name of Officer 43475



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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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1. Corporate 10 No.

87153

NJM Investigations, Inc.

3. Street Address Frigipal Business Office of Corporation

SOUL ALLIAL CUT ST 300

NORTH CAROLINA

2. Business Phone No.

1. Color State of Incorporation

NORTH CAROLINA

2. Business Phone No.

2. Street Address State of Incorporation

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Director Name

Lettike Y DAVIS

Sirect Address

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100,000 SHS COMM \$1.00

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

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Street Address

City

Number of Shares

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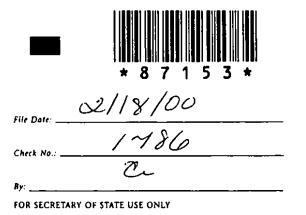
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.
Milliet J. (1/1/2012) 2/15/2012
Signature of Officer Date
MICHAEL J. MALONE
Print or Type Name of Officer
JEESIBERTT
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

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4. Business Phone No.	,	5. State of Incorporat	ion · ·		6. SIC Code
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	ance Inves				
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		t .	City	State	Zip
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secretary Name Christopher	- Malone	·	Christophy	Malone	
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Director Name	7/2-2-		Difector Name		
Street Address	Davis		Street Address	 	
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* 8 7 1 5 3 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 1-15-99	than an statements contained herein are true and correct.
Check No.:	Michael J. Malase Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Type of Officer Type of Officer



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 1008
Filing Period	l: lanuary 1-March 1 •	Filing Fee: \$50.00		1990



2. Name of Corpora Office MJM invest	ilgations, inc.			
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<i>)</i> .	7)	Maris ville,	State	275BD
	5. State of Incorporation	on		6. SIC Code
r of Business Conducted	NORTH CAR	OLINA	<u></u>	5744
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* 8 7 1 5 3 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 3.03.98 Check No.:	that all statements contained in the mare frue and correct. 1
By: FOR SECRETARY OF STATE USE ONLY	Print or Flod Name of Officer 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

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Street Address Principal Busin			City	State	Zip
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Business Phone No.	-01.1	S. State of Incorporation NORTH CAI	, POLINA		6. SIC Code 5744
(919) 462-	OSO /	Phode Island	TOLINA		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 8 7 1 5 3 *	Under penalty of perjury, I declare and affirm that I have examined
Check No.: By: FOR SECRETARY OF STATE USE, ONLY	this report, including any accompanying schedules and statements, and that all systements contained herein are true and correct. Signature of Officer Date

PROFIT CORPORATION ANNOAL 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		

ORPORATE ID NO.	2. NAME OF CORPORATION	PLEASE ITPE UN PR	INT IN BLACK INK.		
200 PORATE 10 HO. 87153	DATE 1	Tambiada	7.4		
576-166-186 Street address principal business off		LIVES IGOTIONS,	iany	STATE	12F CODE
8000 aeus (Pt Ct	213 213	Marine	NC	27560
SINESS PHONE NO.	es es, tens	5. STATE OF INCORPORATION	1 misnice		6. Sc CODE
919: 4FZ- 101		Xbrth Ca	alma.		5744
LEF DESCRIPTION OF THE CHARACTER OF	BUSINESS CONDUCTED IN RHOOSE IS	LAND		 	
Tormond	funting!	2. S r. o. d			
	8. NAR	2. MES AND ADDRE	SSES OF THE OF	FICERS	
Michael J. Malone			VICE PRESIDENT NAME LIEUT FASSAT SHEET ADDRESS		
			SWEET ADDRESS TASSA	-	
8000 Serial	Tester,	July 300	8000 Acrial	Enter, Suite	300
			M	STATE	•
TARY HAME	NC	27560	Morrisville,	INC.	27580
Christophe	V Malone		Mristopher	Malone	
THEET ADDRESS Christopher Malone 1800 Derial Center, Suite 300 1810 DEFENDE			18000 aprial Center Suite 300		
8080 Herial (6	ater, Juite 3.	00 √ 20 CODE	1 8,000 CHOrial (enter Juite	3/7 m coot
Horrisville,			Morrisville,	NE	27566
	9. NA	HES AND ADDRE	SSES OF THE DI	RECTORS	
CTOR NAME	- 11-1-		Section name A	2 +	
thous charl J	~ .		STRETADORESS PERT L	1	
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MONSUI//E	SIATE	Z7560	Monisvelle,	NC	27560
			DIRECTOR NAME	<u></u>	
Thristmon Ma	1/one		STREET ADDRESS		
8000 Denia / Co		300	of		
		1 _	GIV	STATE	ZIP CODE
misvelle,	NC	27580	· 4 45 48 5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 		<u></u>
		HARES AUTHORI	ZED AND ISSUED	· _	
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
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100,000		100,000	300_		# 300
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·					
- 			<u> </u>	<u> </u>	

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.
ile Date:	2/20/96		Sont DEAPPOUT U.P. FINENCE
ile Date:	0/00/10		Signature of Officer
de a al a No.	1101045		RICAT LOGGENT

Print or Type Name of Officer

Ву: