



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. 121796		2. Name of Corporation INTERSTATE INVESTIGATIONS, INC.			
3. Street Address: Principal Business Office 129 Staples Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. 401-335-9012		5. State of Incorporation RHODE ISLAND			6. SIC Code 7914
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE FRAUD INVESTIGATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brandon Lowe			Vice President Name n/a		
Street Address 129 Staples Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name		
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			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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			None		

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



File Date	FILED
Check No.	FEB 22 2005
By:	Brandon Lowe
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: Brandon Lowe Date: _____
Print or Type Name of Officer: Brandon Lowe
Title of Officer: President



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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. 121796		2. Name of Corporation INTERSTATE INVESTIGATIONS, INC.			
3. Street Address Principal Business Office 129 Staples Road		City Cumberland		State RI	Zip 02864
4. Business Phone No. 401-335-9012		5. State of Incorporation RHODE ISLAND			6. SIC Code 7914
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE FRAUD INVESTIGATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRANDON LOWE			Vice President Name		
Street Address 129 Staples Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name BRANDON LOWE			Treasurer Name BRANDON LOWE		
Street Address 129 Staples Road			Street Address 129 Staples Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 01864
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1,000	Common	None

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



* 1 2 1 7 9 6 *

File Date 2-9-04
Check No. 2107
By: CP

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

BRANDON LOWE

Print or Type Name of Officer

President

Title of Officer

Date



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. 121796 2. Name of Corporation INTERSTATE INVESTIGATIONS, INC.
3. Street Address Principal Business Office 129 Staples Road City Cumberland State RI Zip 02864
4. Business Phone No. 401-335-9012 5. State of Incorporation RHODE ISLAND 6. SIC Code 7914
7. Brief Description of the Character of Business Conducted in Rhode Island
Insurance Fraud investigation and any other lawful purpose.

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

President Name <u>BRANDON LOWE</u>	Vice President Name _____
Street Address <u>129 Staples Road</u>	Street Address _____
City <u>Cumberland</u> State <u>RI</u> Zip <u>02864</u>	City _____ State _____ Zip _____
Secretary Name <u>BRANDON LOWE</u>	Treasurer Name <u>BRANDON LOWE</u>
Street Address <u>129 Staples Road</u>	Street Address <u>129 Staples Road</u>
City <u>Cumberland</u> State <u>RI</u> Zip <u>02864</u>	City <u>Cumberland</u> State <u>RI</u> Zip <u>02864</u>

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

Director Name _____	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
<u>1,000 NO PAR VALUE</u>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>none</u>

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



* 1 2 1 7 9 6 *

File Date: 3-6-03

Check No.: 1466

By: ILP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Brandon Lowe
Signature of Officer _____ Date _____

BRANDON LOWE

Print or Type Name of Officer
President

Title of Officer
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