

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. 2. Name of Corporation 121796 INTERSTATE INVESTIGATIONS, INC. 3 Street Address Principal Business Office State QΙ 02864 4. Business Phone No. 6. SIG Code 5. State of Incorporation RHODE ISLAND 7914 7 Brief Description of the Character of Business Conducted in Rhode Island INSURANCE FRAUD INVESTIGATION ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name owe Strove Address Secretary Name Street Address Street Address Zip Clty State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Sinve Address Singl Address State Zip City State Director Name Director Name Street Address Street Address State Ζip Clly State 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 1,000 NO PAR VALUE VICA. 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. Signature of Officer Date



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Matthew A. Brown, Secretary of State

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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Name of Corporation 1. Commute ID No. INTERSTATE INVESTIGATIONS, INC. 121796 State ZID Ctty 3. Street Address Principal Business Office 129 Staples Road Cumberland RI 02864 6. SIC Code 4 Business Phone No. 5. State of Incorporation 401-335-9012 7914 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island **INSURANCE FRAUD INVESTIGATION** ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name Presideni Name BRANDON LOWE Street Address Street Address 129 Staples Road Zip Z.ip City State State Cumberland RI l.....92864. Treasurer Name Secretary Name BRANDON LOWE BRANDON LOWE Street Address Street Address 129 Staples Road 129 Staples Road State State 02864 01864 Cumberland RI FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address Zip State State 7.ip City City Director Name Director Name Street Address Street Address 7.ip State Zip City State 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 Par Value Number of Shares Class/Series 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 Under penalty of perjury, I declare and affirm that have examined this report. including any accompanying schedules and statements, and that all statements contained hereig are true and correct. File Date Signature of Officer Check No. **BRANDON LOWE** Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer



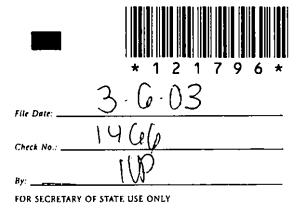
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401-222-3040

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FORM MUST BE TYTED OR PRIN	TED IN BLACK)				
1. Corporate ID No. 121796	2. Name of Corpora INTERSTAT	otion TE INVESTIGATIONS, INC.			
3. Street Address Principal Busines: 129 Staples			cny Cumberland	State RI	^{zip} 02864
4. Business Phone No. 401- 33 5 - 9	7012	5. State of Incorporation RHODE ISLAND			6. SIC Code 7914
7. Brief Description of the Characte Insurance Fr		in Rhode Island sation and any oth	er lawful purpose		
8. NAMES AND ADDRES President Name BRANDON LOWE		FICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Street Address 129 Staples	Road		Street Address		
Cumberland	State RI	^{Zip} 02864	City	State	Zip
Secretary Name BRANDON LOWE	· E		Treasurer Name BRANDON LOW	E	
Street Address 129 Staples	Road		Street Address 129 Staples	Road	
Ciny Cumberland	State RI	zip 02864	Cuy Cumberland	State RI	zip 02864
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATT	ACHMENTS
Street Address			Street Address		
City	· State	Zip	City	State	Zíp
Director Name			Director Name		
Street Address			Street Address		
Çily	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED (*x* box for at	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
1,000 NO PAR VALUE			100	Common	none

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

100



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 afe true and correct.

Common

Signature of Officer Date

BRANDON LOWE

Print or Type Name of Officer

President

Title of Officer **€**> 5

Form 630 12/02

none