



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: **2021**
Corporation

FEB 22 2021

BY 1004

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001671389		2. Exact name of the Corporation Forensic Risk Alliance, Inc.			
3. Principal Office Address 40 Westminster Street		City Providence		State RI	Zip 02903
4. NAICS Code 641211		6. Brief description of the character of business conducted in Rhode Island Forensic accounting and electronic discovery			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frances T.W.D. McLeod			Vice-President Name		
Street Address 40 Westminster Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Gregory J. Mason			Treasurer Name Gregory J. Mason		
Street Address 40 Westminster Street			Street Address 40 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory J. Mason			Director Name Frances T.W.D. McLeod		
Street Address 40 Westminster Street			Street Address 40 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Tobias J.W. Outhie			Director Name		
Street Address 40 Westminster Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 Common \$0.01		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>					
Name of Authorized Representative Gregory J. Mason				Date 2/18/2021	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017