



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2023  
 Corporation

FEB 21 2023

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- 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<br><b>75312</b>   |                    | 2. Exact name of the Corporation<br><b>Accurate Investigations Inc.</b>  |   |                    |                          |
| 3. Principal Office Address<br><b>Po Box 6847</b>   |                    |  | City<br><b>Waxwick</b>  | State<br><b>RI</b> | Zip<br><b>02887</b>      |
| 4. NAICS Code<br><b>812990</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Investigations / surveillance / Research</b> |   |                    |                          |
| 5. State of Incorporation<br><b>RI</b>  |                    |  |   |                    |                          |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                    |                          |
| President Name<br><b>Dean Durning</b>   |                    |  | Vice-President Name   |                    |                          |
| Street Address<br><b>Po Box 6847</b>  |                    |  | Street Address  |                    |                          |
| City<br><b>Waxwick</b>  | State<br><b>RI</b> | Zip<br><b>02887</b>  | City  | State              | Zip                      |
| Secretary Name  |                    |  | Treasurer Name  |                    |                          |
| Street Address  |                    |  | Street Address  |                    |                          |
| City  | State              | Zip  | City  | State              | Zip                      |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |                          |
| 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                      |
| 9. Shares Authorized  |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                          |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.  |                    |  | NUMBER OF SHARES  |                    |                          |
|   |                    |  | CLASS/SERIES  |                    |                          |
|   |                    |  | PAR VALUE   |                    |                          |
|   |                    |  | <b>100</b>  |                    |                          |
|   |                    |  | <b>-</b>  |                    |                          |
|   |                    |  | <b>-0-</b>  |                    |                          |
| 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.<br>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. |                    |  |   |                    |                          |
| Name of Authorized Representative<br><b>Dean Durning</b>  |                    |  |   |                    | Date<br><b>2-16-2023</b> |
| Signature of Authorized Representative<br>  |                    |  |   |                    |                          |