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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 2 9 2024
BY

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
000056973	PIXEL DETECTIVE, INC.			
3. Principal Office Address		City	State	Zip
266 ST. BARNABE STREET		WOONSOCKET	RI	02895
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541714	SCIENTIFIC AND ENGINEERING ASSAY/INVESTIGATION OF PHENOMENA AND HUMAN INVENTION/ACTIVITY. GENERAL SECURITY, OBSERATION AND ANALYSIS.			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
JOHN J. SKIFFINGTON			NA		
Street Address			Street Address		
266 ST. BARNABE STREET			NA		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895	NA	NA	NA
Secretary Name			Treasurer Name		
NONE			NA		
Street Address			Street Address		
NA			NA		
City	State	Zip	City	State	Zip
NA	NA	NA	NA	NA	NA

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
NONE			NA		
Street Address			Street Address		
NA			NA		
City	State	Zip	City	State	Zip
NA	NA	NA	NA	NA	NA
Director Name			Director Name		
NA			NA		
Street Address			Street Address		
NA			NA		
City	State	Zip	City	State	Zip
NA	NA	NA	NA	NA	NA

9. Shares Authorized	10. Shares issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	ONE (1)	COMMON	NONE
	NA	NA	NA

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.

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	Date
JOHN J SKIFFINGTON	27 FEBRUARY 24

Signature of Authorized Representative: John J Skiffington

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 12/2023