

State of Rhode Island  
 Department of State - Business Services Division

**FILED**  
 APR 18 2024  
 BY 11610  
102

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 001689124		2. Exact name of the Corporation I CORP INVESTIGATIONS, INC.			
3. Principal Office Address 1069 MAIN STREET SUITE 333			City HOLBROOK	State NY	Zip 11741
4. NAICS Code 561600		6. Brief description of the character of business conducted in Rhode Island INVESTIGATIVE			
5. State of Incorporation NY					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
President Name JOHN L EGAN			Vice-President Name		
Street Address 6 VILLAGE STREET			Street Address		
City HOLBROOK	State NY	Zip 11741	City	State	Zip
Secretary Name SARAH SANTARPIA			Treasurer Name		
Street Address 4 ELFORD PL			Street Address		
City EAST NORTHPORT	State NY	Zip 11731	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>
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</span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100			
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.					
<b>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.</b>					
Name of Authorized Representative <u>John L Egan</u>					Date 3/1/2024
Signature of Authorized Representative JOHN L EGAN Sarah Santarpia					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov