



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 96651		2. Name of Corporation The New England Amer-I-Can Program, Inc.		
3. Street Address Principal Business Office 31 South Main Street, Suite 301			City Providence	State RI
4. Business Phone No. 401-274-0300		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island To implement a program designed to develop self-improvement and life-management skills for individuals.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jim Brown		Vice President Name Jim Brown		
Street Address 2030 N. Glenoaks Blvd.		Street Address 2030 N Glenoaks Blvd		
City Burbank	State CA	Zip 91504	City Burbank	State CA
Secretary Name Jim Brown		Treasurer Name Jim Brown		
Street Address same as above		Street Address same as above		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
600	common no par value		100	common
				no par value

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.

Jim Brown 3/17/08
Signature Date
Jim Brown
Print or Type Name
President
Title

File Date **FILED**
Check No. _____
MAY 19 2008
By: 4778 J. S. 1
By _____
OFFICE OF THE SECRETARY OF STATE