



**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 112631 2. Name of Corporation John Goddard Associates, Inc.
3. Street Address Principal Business Office 934 East Main Road City Portsmouth State RI Zip 02871
4. Business Phone No. _____ 5. State of Incorporation RHODE ISLAND 6. SIC Code _____
7. Brief Description of the Character of Business Conducted in Rhode Island
Sale of fine arts and antiques

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Eugene F. LaParle</u>	Vice President Name <u>Susan Hawes</u>
Street Address <u>123 Immoklee Drive</u>	Street Address <u>21 Harvest Drive</u>
City <u>Portsmouth</u> State <u>RI</u> Zip <u>02871</u>	City <u>Portsmouth</u> State <u>RI</u> Zip <u>02871</u>
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<u>1,000 NO PAR VALUE</u>		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<u>100</u>	<u>Common</u>	<u>No Par</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date SEP 18 2003

Check No. _____

By: m6410

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer _____ Date SEPTEMBER 18' 03
Eugene F. LaParle
 Print or Type Name of Officer
President
 Title of Officer