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

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(FORM MUST BE TYPED IN BLA	CK)				
Corporate ID No. 2. Name of Corporation					
24720	FINANCIAL CO	INCEPTS, INC.			
3. Street Address Principal Business	Office		City	State	Zip
9 Mercer Road 4. Business Phone No. 508-655-6944		5. State of Incorporation MASSACHUSETTS	Natick	MA	01760 6. SIC Code 888 8
7. Brief Description of the Character	of Business Conducted in E	thode Island			
Interior Design 8. NAMES AND ADDRES: President Name			GENT) FILL IN SPACES BE	FORE USING ATTACH	MENTS
Douglas R. Watts Street Address 9 Mercer Road			Douglas T. Georg Street Address 137 Haymeadow Ro		
_{Sity} Natick	State MA	^{Zip} 01760	N. Andover	State MA	^{Zip} 01845
Secretary Name			Treasurer Name		
Paul W. Finnegan Street Address 10 Otis Place			Douglas R. Watts Street Address 9 Mercer Road		
Boston	State MA	^{Zip} 02108	City Natick	State MA	^{Zip} 01760
9. NAMES AND ADDRES: Director Name Susan B. Watts	SES OF THE DIREC	TORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES I Director Name Robert L. Gable	BEFORE USING ATTAC	CHMENTS
Street Address 9 Mercer Road			Street Address 35 Sunset Rock R	load	
City Natick	State MA	^{Zip} 01760	City Andover	State MA	^{Zip} 01810
Director Name James P. Del Rossi			Director Name Kenneth W. Watts	3	
Street Address Keefe, Bruyette & Woods, Inc.			Street Address		
8 Winchester Pla	ce, Suite 205	Zip	22 Shore Drive S	State	Zip
Winchester	MA	01890	Bristol	NH	03222
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000 COMM \$.01 PAR VALUE			5,500	Common	.01

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

Douglas R. Watts Print or Type Name of Officer

> President Title of Officer **5**

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01