



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **24720** 2. Name of Corporation **FINANCIAL CONCEPTS, INC.**

3. Street Address Principal Business Office **9 Mercer Road** City **Natick** State **MA** Zip **01760**

4. Business Phone No. **508-655-6944** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Interior Design and Facilities Management**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

President Name <b>Douglas R. Watts</b>	Vice President Name <b>Paul W. Finnegan</b>
Street Address <b>9 Mercer Road</b>	Street Address <b>10 Otis Place</b>
City <b>Natick</b> State <b>MA</b> Zip <b>01760</b>	City <b>Boston</b> State <b>MA</b> Zip <b>02108</b>
Secretary Name <b>Susan B. Watts</b>	Treasurer Name
Street Address <b>9 Mercer Road</b>	Street Address
City <b>Natick</b> State <b>MA</b> Zip <b>01760</b>	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

Director Name <b>Same as Above</b>	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

**10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15000	Common	.01	5500	Common	.01

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



\* 2 4 7 2 0 \*

File Date: 2-18-97

Check No.: 9460

By: [Signature]

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]  
Signature of Officer Date

Douglas R. Watts  
Print or Type Name of Officer

President  
Title of Officer