STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
24720	FINANCIAL CONCEPTS, INC.			
3. Street Address Principal Business Office		City	State	Zip
9 Mercer Road		Natick	MA	01760
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(508) 655-6944	MASSACHUSETTS			8888

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)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Douglas R. Watts	6 Stop River Road	Norfolk	MA	02056
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Douglas T. George	137 Haymeadow Road	N. Andover	MA	01845
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Paul Finnegan	10 Otis Place	Boston	MA	02108
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Douglas R. Watts	6 Stop River Road	Norfolk	MA	02056

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

Director Name	Street Address	City	State	Zip
Susan B. Watts	6 STop River Road	Norfolf	MA	02056
Director Name	**Street Address**	**City**	**State**	**Zip**
Robert L. Gable	35 Sunset Rock Road	Andover	MA	01810
Director Name	**Street Address**	**City**	**State**	**Zip**
James P. Del Rossi	Keefe, Bruyette & Woods, Inc. 8 Winchester Place, Suite 205	Winchester	MA	01890
Director Name	**Street Address**	**City**	**State**	**Zip**

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
15,000 COMM $.01 PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	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

24720

File Date _____

Check No. FILED 21110

MAY 16 2005

By: _____

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.

Douglas R. Watts
Signature of Officer *Date*

DOUGLAS R. WATTS
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 Rev. 12/03