



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 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>426</b>		2. Name of Corporation <b>ADMINISTRATION SERVICES, INC.</b>			
3. Street Address Principal Business Office <b>200 Midway Road</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>(401) 942-8690</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>7880</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>ADMINISTRATION OF EMPLOYEE BENEFIT PLANS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Valerie E. Campana</b>			Vice President Name		
Street Address <b>32 Rosemere Avenue</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Secretary Name <b>Donald Lavin</b>			Treasurer Name <b>Valerie E. Campana</b>		
Street Address <b>163 Cornell Street</b>			Street Address <b>32 Rosemere Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>500 NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>None</b>

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



\* 4 2 6 \*

File Date **3.2.04**  
Check No. **3606**  
By: **lp**

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 **Valerie E. Campana** Date **3-1-04**  
Print or Type Name of Officer **Valerie E. Campana**  
Title of Officer **Pres.**