



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **426** 2. Name of Corporation **ADMINISTRATION SERVICES, INC.**
3. Street Address Principal Business Office City State Zip
200 Midway Road, Suite 169 Cranston RI 02920
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 942-8690 RHODE ISLAND 7880
7. Brief Description of the Character of Business Conducted in Rhode Island
Administer employee benefit plans

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

| | |
|--|--|
| President Name Valerie E. Campana Street Address 6 Governors Hill City State Zip West Warwick RI 02893 Secretary Name Donald Lavin Street Address 163 Cornell Street City State Zip Cranston RI 02920 | Vice President Name NONE Street Address City State Zip Treasurer Name Valerie E. Campana Street Address 6 Governors Hill City State Zip West Warwick RI 02893 |
|--|--|

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

| | |
|---|---|
| Director Name Street Address City State Zip | Director Name Street Address City State Zip |
| Director Name Street Address City State Zip | Director Name Street Address City State Zip |

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

| AUTHORIZED SHARES | | |
|-------------------|--------------|------------------|
| Number of Shares | Class/Series | Par Value |
| 500 | NO | PAR VALUE |

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

| ISSUED SHARES | | |
|------------------|---------------|-------------|
| Number of Shares | Class/Series | Par Value |
| 100 | Common | None |

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: 3/1

Check No.: 1649

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.

Valerie E. Campana 2/28/01
Signature of Officer Date

Valerie E. Campana
Print or Type Name of Officer

Treasurer
Title of Officer