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
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
426	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

Administrator of employee benefit plans

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

President Name	Vice President Name
Valerie E. Campana	None
Street Address	Street Address
6 Governors Hill	
City / State / Zip	City / State / Zip
W. Warwick / RI / 02893	
Secretary Name	**Treasurer Name**
Donald Lavin	Valerie E. Campana
Street Address	Street Address
163 Cornell Street	6 Governors Hill
City / State / Zip	City / State / Zip
Cranston / RI / 02920	W. Warwick / RI / 02893

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

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

[redacted]

* 4 2 6 *

File Date: Mar 8, 99

Check No.: 2874

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 2/26/99
Signature of Officer *Date*

Valerie E. Campana
Print or Type Name of Officer

President
Title of Officer