PROFIT CORPORATION ANNUAL REPORT

1996

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

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.: 426
2. NAME OF CORPORATION: ADMINISTRATION SERVICES, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 200 Midway Road, Suite 169
CITY: Cranston
STATE: RI
ZIP CODE: 02920
4. BUSINESS PHONE NO.: (401) 942-8690
5. STATE OF INCORPORATION: RHODE ISLAND
6. SIC CODE: 8888
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: Administrator of Employee Benefit Plans

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Philip J. Campana
STREET ADDRESS: 154 Sweetbriar Drive
CITY: Cranston
STATE: RI
ZIP CODE: 02920

VICE PRESIDENT NAME: Valerie E. Campana
STREET ADDRESS: 6 Governors Hill
CITY: W. Warwick
STATE: RI
ZIP CODE: 02893

SECRETARY NAME: Christine Campana
STREET ADDRESS: 154 Sweetbriar Drive
CITY: Cranston
STATE: RI
ZIP CODE: 02920

TREASURER NAME: Philip J. Campana
STREET ADDRESS: 154 Sweetbriar Drive
CITY: Cranston
STATE: RI
ZIP CODE: 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME
STREET ADDRESS
CITY
STATE
ZIP CODE

DIRECTOR NAME
STREET ADDRESS
CITY
STATE
ZIP CODE

DIRECTOR NAME
STREET ADDRESS
CITY
STATE
ZIP CODE

DIRECTOR NAME
STREET ADDRESS
CITY
STATE
ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
500 SHS NO PAR VAL			100	Common	No-Par

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

Philip J. Campana
Print or Type Name of Officer

Treasurer
Title of Officer

1/17/96 (as)
Date

File Date: 1/17/96

Check No: 567

By: (as) 1/4

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING