



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

102800

2. Name of Corporation

National Technical Service Inc.

3. Street Address Principal Business Office

47 MAWNEY ST.

4. Business Phone No.

(401) 941-8801

5. State of Incorporation

RHODE ISLAND

City

PROVIDENCE

State

RI

Zip

02907

6. SIC Code

7286

7. Brief Description of the Character of Business Conducted in Rhode Island

CONTINUING education for electricians and health education

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

KATHLEEN A. GAINOR

Street Address

47 MAWNEY ST.

City

PROVIDENCE RI

Zip

02907

Vice President Name

KATHLEEN A. GAINOR

Street Address

47 MAWNEY ST.

City

PROVIDENCE RI

State

RI

Zip

02907

Secretary Name

KATHLEEN A. GAINOR

Street Address

47 MAWNEY ST.

City

PROVIDENCE RI

Zip

02907

Treasurer Name

KATHLEEN A. GAINOR

Street Address

47 MAWNEY ST.

City

PROVIDENCE RI

State

RI

Zip

02907

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

KATHLEEN A. GAINOR

Street Address

47 MAWNEY ST.

City

PROVIDENCE RI

Zip

02907

Director Name

NOT applicable

Street Address

City

State

Zip

Director Name

NOT applicable - only 1 director

Street Address

Director Name

NOT applicable

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

400 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE



\* 1 0 2 8 0 0 \*

File Date: 1-10-02

Check No.: 949

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.

Kathleen A. Gainor 1/8/02  
Signature of Officer Date

KATHLEEN A. GAINOR  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

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