

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



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(FORM MUST BE TYPED IN BLA	ICK)				
1. Corporate ID No.	2. Name of Corpora	tion	•		
102800	National Ted	chnical Service Inc.			
3. Street Address Principal Business	Office		City	State	Zip
47 MAWNEY	57.		PROVIDENCE	RI	02907
4. Business Phone No.	•	5. State of Incorporation	1	, —	6. SIC Code
(401) 941-8801 7. Brief Description of the Character	r of Rusiness Canducted is	RHODE ISLAN	D	•	7286
MITTINIA	pduca tina	Pur electr	icians and heal	th educa to	N
8. NAMES AND ADDRES		CEDS (HYH DOY FOR ATTE	CONTROL FILE IN CITY OF	CEODE LICINIO APPLA	
President Name	3E3 OF THE OFFI	CERS (A BOA FOR ATTA	Vice President Name	LPUKE USING ATTA	CHMENTS
	A Cain			A (1
KATHLEEN 1 Street Address			KATHLEEN Street Address		OR
47 MAWNEY	State	Zip _	47 MAWNE	TY \$1.	Zin
PROVIDENCE	RI	02907	PROVIDENCE	RI	02907
Secretary Name	1	•	Treasurer Name	10.	
KATHLEEN /	T. GAINOR		KATHLEEN Street Address	A, GAIN	IOR
47 MAWNEY	<u> </u>	71-	47 MAWNE	= y ST.	
Parintar	6 7	Zip	- 200	State	02907
TROUDENCE	/ <u>C</u>	02907	TROVIDE NCE	KL	0190/
9. NAMES AND ADDRESS	SE2 OF THE DIKE	CIORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING AT	IACHMENTS
KATHLEEN	10:		Director Name	مان مالم	
DATHLEEN Street Address	M. GAIN		Street Address	plicable	-
47 MAWNEY	15t		Silver Address		
City	State	Zip	City	State	Zip
PROUIDENCE	RI	02907	· · · · · · · · · · · · · · · · · · ·	State	Z.ip
Director Name	hader id.	a malified	Director Name	pplicabl	_
NUT	4ppill canic	only I direc		ppucabl	٤
Street Address	• •	·	Street Address		
City	State	Zip	City:	State	Zip
IO CHADEC ATTENODIZET					
10. SHARES AUTHORIZED	J. (*X.* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	(T)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 NO PAR VALUE			NONE		

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

	* 1 0 2 8 0 0 *
File Date:	1-10-02
Check No.:	949
	7,

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have	examine	ed .
this report, including any accompanying schedules and s	tatement:	s, and
that all statements contained herein are trye and correct	. /	/
_ Luxulen A. Haenor,	K/	02
Signature of Officer Date		
KATHLEEN A. GAINOR		
Print or Type Name of Officer		
PRESIDENT		
Title of Officer		
S S	Form 630	12/01