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

STOP PLEASE READ INSTRUCTIONS

(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 STREET *City* PROVIDENCE *State* R.I *Zip* 02907

4. Business Phone No. (401) 941-8801 *5. State of Incorporation* RHODE ISLAND *6. SIC Code* 7286

7. Brief Description of the Character of Business Conducted in Rhode Island
CONTINUING TECHNICAL 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 *State* RI *Zip* 02907

Vice President Name KATHLEEN A. GAINOR
Street Address 47 MAWNEY ST
City PROVIDENCE *State* RI *Zip* 02907

Secretary Name KATHLEEN A. GAINOR
Street Address 47 MAWNEY ST.
City PROVIDENCE *State* RI *Zip* 02907

Treasurer Name KATHLEEN A. GAINOR
Street Address 47 MAWNEY ST.
City PROVIDENCE *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 *State* RI *Zip* 02907

Director Name NO ADDITIONAL DIRECTORS
Street Address NO
City *State* *Zip*

Director Name NO ADDITIONAL DIRECTORS
Street Address
City *State* *Zip*

Director Name NO ADDITIONAL DIRECTORS
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	—	—

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

102800

File Date: 2/21

Check No.: 7605

By: 2

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 01/30/01
Signature of Officer *Date*

KATHLEEN A. GAINOR
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/00