



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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.** City **PROVIDENCE** State **RI** 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
Electrical technical education + health education

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

President Name KATHLEEN A. GAINOR	Vice President Name KATHLEEN A. GAINOR
Street Address 47 MAWNEY ST.	Street Address 47 MAWNEY ST.
City PROVIDENCE State R.I. Zip 02907	City PROVIDENCE State R.I. Zip 02907
Secretary Name SAME	Treasurer Name SAME
Street Address	Street Address
City State Zip	City State Zip

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

Director Name KATHLEEN A. GAINOR	Director Name SAME
Street Address 47 MAWNEY ST.	Street Address
City PROVIDENCE State R.I. Zip 02907	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
	400	NO	PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date: **2-22-00**

Check No.: **491**

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 **2/20/2000**
Signature of Officer Date

KATHLEEN A. GAINOR **2/20/2000**
Print or Type Name of Officer

Director
Title of Officer