



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 133000		2. Name of Corporation NEW ENGLAND HORIZON CORP			
3. Street Address Principal Business Office 223 DAHLIA DRIVE			City NORTH KINGSTOWN	State RI	Zip 02852-
4. Business Phone No. 4018841565		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO DEAL IN PROPERTY, REAL AND PERSONAL, OF EVERY KIND					

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

President Name Edna M. Donoughe			Vice President Name Edna M. Donoughe		
Street Address 223 Dahlia Drive			Street Address 223 Dahlia Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Edna M. Donoughe			Treasurer Name Edna M. Donoughe		
Street Address 223 Dahlia Drive			Street Address 223 Dahlia Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852

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

Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (BOX FOR ATTACHMENT) **11. SHARES ISSUED** (BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM	NO PAR VALUE	100	COMMON	NO PAR

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



133000 DBC 01/28/05 01:38:32 PM

File Date 3.2.05

Check No. 302

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.

[Signature] Date _____

Edna M. Donoughe

Print or Type Name of Officer

President

Title of Officer