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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
43900	New England Management Consulting Services, Inc.		
3. Street Address Principal Business Office: 2350 Post Road, Suite 102	City: Warwick	State: RI	Zip: 02886
4. Business Phone No.: 401-738-0010	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 5538

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

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

President Name	Vice President Name
Bernard A. Poirier	Bernard A. Poirier
Street Address: 2350 Post Road, Suite 102	Street Address: 2350 Post Road, Suite 102
City: Warwick; State: RI; Zip: 02886	City: Warwick; State: RI; Zip: 02886
Secretary Name: Bernard A. Poirier	Treasurer Name: Bernard A. Poirier
Street Address: 2350 Post Road, Suite 102	Street Address: 2350 Post Road, Suite 102
City: Warwick; State: RI; Zip: 02886	City: Warwick; State: RI; Zip: 02886

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

Director Name	Director Name
Bernard A. Poirier	
Street Address: 2350 Post Road, Suite 102	Street Address
City: Warwick; State: RI; Zip: 02886	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
2,000 NO PAR VALUE			2,000 NO PAR VALUE		

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

[redacted] [redacted]

43900

File Date 1-6-04
Check No. 4960
By:
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 of Officer — *Date* 12/23/03

Bernard A. Poirier — 1/23/04

Print or Type Name of Officer

President

Title of Officer

[redacted]

Form 630 Rev. 12/03