



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. 137001		2. Name of Corporation New England Toner Service, Inc.			
3. Street Address Principal Business Office 2580 East Main Road		City Portsmouth	State RI	Zip 02871	
4. Business Phone No. 401-683-2591		5. State of Incorporation Rhode Island			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE BUISNESS MACHINERY SUPPLIES AND SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Davis A. Dewey			Vice President Name Davis A. Dewey		
Street Address 8 Glenfield Road			Street Address 8 Glenfield Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Davis A. Dewey			Treasurer Name Davis A. Dewey		
Street Address 8 Glenfield Road			Street Address 8 Glenfield Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Davis A. Dewey			Director Name		
Street Address 8 Glenfield Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000 Comm No Par Value			100	Common	No Par Value

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



1 3 7 0 0 1

File Date	8/22/05
Check No.	15805
By	DA
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 Davis A. Dewey Date 8/24/05
Print or Type Name of Officer
Davis A. Dewey
President
Title of Officer