



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 7123		2. Name of Corporation FOSTER SERVICES, INC.			
3. Street Address Principal Business Office 59 Kennedy Road			City Foster	State RI	Zip 02825
4. Business Phone No. (401) 397-7027		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island CLEANING SEPTIC TANKS AND CESSPOOLS; INDUSTRIAL AND COMMERCIAL PLUMBING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Sgambato, Jr.			Vice President Name John Sgambato, Jr.		
Street Address 59 Kennedy Road			Street Address 59 Kennedy Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name John Sgambato, Jr.			Treasurer Name John Sgambato, Jr.		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> <input type="checkbox"/> 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 ("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
600 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



* 7 1 2 3 *

File Date 4/13/04

Check No. 13891

By: W.

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]
Signature of Officer
John Sgambato, Jr.
Print or Type Name of Officer
President JOHN SGAMATO JR.
Title of Officer

1/29/04
Date