



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **16221** 2. Name of Corporation **R. I. ANALYTICAL LABORATORIES, INC.**

3. Street Address Principal Business Office _____ City _____ State _____ Zip _____

4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island _____

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name	Vice President Name
Street Address	Street Address
City State Zip	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

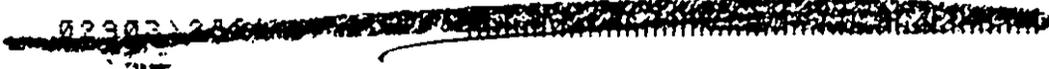
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Secretary of State



or Trustee

timed
ments, and



By: _____

Printed Name of Officer