



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. 115022		2. Name of Corporation NEW ENGLAND SUPPORT SERVICES CO.			
3. Street Address Principal Business Office 901 Broadway			City East Providence	State RI	Zip 02914
4. Business Phone No. (401) 434-7744		5. State of Incorporation RHODE ISLAND			6. SIC Code 8532
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING SUPPORT AND SERVICES OT THE FUNERAL/CREMATORY INDUSTRY AND TO THE BEREAVED.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John E. Rebello III			Vice President Name		
Street Address 901 Broadway			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name John E. Rebello III			Treasurer Name John E. Rebello III		
Street Address 901 Broadway			Street Address 901 Broadway		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John E. Rebello III			Director Name		
Street Address 901 Broadway			Street Address		
City East Providence	State RI	Zip 02914	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
8,000 NO PAR VALUE			100	COM	NO PAR VAL

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



* 1 1 5 0 2 2 *

File Date 3/3/04
Check No. 1128
By: JS
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 [Signature] Date 3-1-04
John E. Rebello III
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **115022** 2. Name of Corporation **NEW ENGLAND SUPPORT SERVICES CO.**
3. Street Address Principal Business Office **901 Broadway** City **East Providence** State **RI** Zip **02914**
4. Business Phone No. **(401) 434-7744** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8532**
7. Brief Description of the Character of Business Conducted in Rhode Island

Providing support and services to the funeral/crematory industry and to the bereaved.

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

President Name John E. Rebello III	Vice President Name
Street Address 901 Broadway	Street Address
City State Zip East Providence RI 02914	City State Zip
Secretary Name John E. Rebello III	Treasurer Name John E. Rebello III
Street Address 901 Broadway	Street Address
City State Zip East Providence RI 02914	City State Zip East Providence RI 02914

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

Director Name John E. Rebello III	Director Name
Street Address 901 Broadway	Street Address
City State Zip East Providence RI 02914	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
8,000 NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	COM	NO PAR VAL

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



* 1 1 5 0 2 2 *

File Date: 2-27-03

Check No.: 1080

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] 2-26-03
Signature of Officer Date

John E. Rebello III
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **115022** 2. Name of Corporation **NEW ENGLAND SUPPORT SERVICES CO.**
3. Street Address Principal Business Office **901 Broadway** City **East Providence** State **RI** Zip **02914**
4. Business Phone No. **(401) 434-7744** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8532**
7. Brief Description of the Character of Business Conducted in Rhode Island

Providing support and services to the funeral/crematory industry an to the bereaved.

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

President Name John E. Rebello III Street Address 901 Broadway City State Zip East Providence RI 02914	Vice President Name Street Address City State Zip
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Secretary Name John E. Rebello III Street Address 901 Broadway City State Zip East Providence RI 02914	Treasurer Name John E. Rebello III Street Address 901 Broadway City State Zip East Providence RI 02914
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name John E. Rebello III Street Address 901 Broadway City State Zip East Providence RI 02914	Director Name Street Address City State Zip
---	---

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
8,000 NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100		NO PAR VAL

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



* 1 1 5 0 2 2 *

File Date: 2-27-02

Check No: 1042

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 of Officer: [Signature] Date: 2-25-02

John E. Rebello III
Print or Type Name of Officer

President
Title of Officer



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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(FORM MUST BE TYPED IN BLACK)

1. Corporation **15022 NEW ENGLAND SUPPORT SERVICES CO.**

3. Street Address Principal Business Office

901 Broadway

City

East Providence

State

RI

Zip

02914

4. Business Phone No.

(401) 434-7744

5. **STATE OF RHODE ISLAND**

6. SIC Code

8532

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

Providing support and services to the funeral/crematory industry and to the bereaved.

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

President Name

John E. Rebello III

Street Address

901 Broadway

City

East Providence

State

RI

Zip

02914

Vice President Name

John E. Rebello III

Street Address

901 Broadway

City

East Providence

State

RI

Zip

02914

Secretary Name

John E. Rebello III

Street Address

901 Broadway

City

East Providence

State

RI

Zip

02914

Treasurer Name

John E. Rebello III

Street Address

901 Broadway

City

East Providence

State

RI

Zip

02914

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

Director Name

John E. Rebello III

Street Address

901 Broadway

City

East Providence

State

RI

Zip

02914

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COM

NO PAR VAL

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



* 1 1 5 0 2 2 *

File Date: 3/2
10/3

Check No.: 2

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.

✓ John E. Rebello III ✓ 3-1-01
Signature of Officer Date

John E. Rebello III

Print or Type Name of Officer

President

Title of Officer