

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Divisio 100 North Main Stree Providence, RI 02903-133 401.222.301

PROFIT CORPORATION ANNUAL REPOR Filling Period: January 1 - March 1 • Filling Fee: \$50.00			RT FOR THE YE	AR20	05			
(FORM MUST BE TYPED OR F		rung ree: \$50.00						
1. Corporate ID No. 69924	2. Name of Corp New Engl	oration and School Services, Inc.		·				
	3. Street Address Principal Business Office			State	Zip			
98 Hicks Av	enue		Medford	Massachus	setts 02155			
4. Business Phone No 617 ~ 776 ~ 470		5. State of Incorporation MASSACHUS	on		6. SIC Code 414			
7. Brief Description of the Charac	cter of Business Condu	cted in Rhode Island						
8. NAMES AND ADDRESS President Name Wayne R. Hind	SES OF THE OFFI	IILDING PRODUCTS. CERS: ("X" BOX FOR A	Vice President Name	N SPACES BEFORE USI	NG ATTACHMENTS			
Sinry Address 288 Border Road			Street Address					
200 BOIGEL R	——————————————————————————————————————							
<i>cuy</i> Concord	State MA	^{Z.φ} 01742	Glty	State	Zip			
Secretary Name			Treusurer Name					
None			None	 -				
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. NAMES AND ADDRESS	 SES OF THE DIRE	 ECTORS: <i>("X" BOX FOR</i>	: <i>aitachment</i>) □ fili	 . IN SPACES BEFORE US	 SING ATTACHMENTS			
Director Name		(2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Director Name					
None			None					
Sirvei Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name	J		Director Name					
Siner Address			Street Address					
City	State	Zip	City	State	Zip			
10. SHARES AUTHORIZE	 ED <i>("X" BOX FOI</i>	│ R ATTACHMENT) ☐	11. SHARES ISSUED	 ("X" BOX FOR ATTAC	 [HMENT]			
AUTHORIZED SHARES			ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value			
100 COMM NO PAR VA	LUE		100	Comm	No Par			
_			100	Comm	NO FAL			
This report must	ha signed in ink h	u oither the Precident Vic	e President, Secretary, Assi	rioni Sacratary Transura	Pagaines of Trustee			
riis report inust			e Hesidem, Secretary, Assi	stant Secretary, Freasure	i. Receiver of Trustee			
		i 						
II	8 8 11 8 8 11 18 18 18 18 18 18 18 18 18	J 11811 U151 IUUI	Under penalty of	perjury. I declare and affirm	that I have examined this repo			
			including any acc	companying schedules and s	fatements, and that all statemen			
File Date	2-05 0288		commined nerein	are true and correct.	1-58-05			
	2225		Signature of Office		Date			
Check No	vas o	— <u> </u>	Wayne R	Minastan	\bigcirc			
By:	Che	ļ	Print or Type Nam	e of Officer	· · · · · · · · · · · · · · · · · · ·			
	CTATELICECS		Preside	nt				
FOR SECRETARY OF	STATE USE ONLY		Title of Officer					



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

Corporations Divisio 100 North Main Stree Providence RI 02903-133

FORM MUST BE TYPED (OR PRINTED IN BLACK)							
Corporate ID No.	2. Name of Corpo	mtion			· 			
69924		nd School Services, Inc.	<u> </u>	<u>_</u>				
Street Address Principal I	_		City	State	Zip 00455			
98 Hicks Av	renue		Medford	Massachus	etts 02155			
617-776-4700		5. State of Incorporati			6. SIC Code			
	hamcier of Business Conduction INSTALLATION OF BUIL	ed in Rhode Island						
. NAMES AND ADDI	RESSES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT) FILL 1	N SPACES BEFORE USI	NG ATTACHMENTS			
resident Name			Vice President Name	-	Market Allanda y			
Wayne R. Hingston			None.					
288 Border	Road		Street Address					
tty.	State	Zip	City	State	Zip			
Concord			Treasurer Name	Treasurer Name				
		•	None					
irect Address			Sircei Address					
ity	State	Zip	City	State	Zip			
NAMES AND ADDI	 RESSES OF THE DIREC	TORS: ("X" BOX FOR	; ATTACHMENT) □ FILL	IN SPACES BEFORE US	ING ATTACHMENTS			
rector Name	ibosing of the bina	ions. (a noa ion	Director Name	IN STREES BEFORE O	THE RELEASE OF			
None.								
troot Address			Street Address					
шу	State	Zip	City	State	Zip			
	J	J	Director Name					
hrector Name	treet Address			Street Address				
			<u> </u>	State	Zip			
ireel Address	State	Zip	City	State	_ `			
Tity:	State RIZED ("X" BOX FOR		·	("X" BOX FOR ATTAC	EHMENT) 🗆			

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

No Par

100

File Date _	1-26-04
Ву:	OR SECRETARY OF STATE USE ONLY

100

	Under penalty of perjury, I declare and affirm that I have examined this repo- including any accompanying schedules and statements, and that all statement
	contained herein are true and correct.
	Signature of Officer Date
	Wayne R. Hingston
	Print or Type Name of Officer
ı	President
•	Title of Officer

Common

No Par

Edward S. Inman, III, Secretary of Stat Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

69924

New England School Services, Inc.

3. Street Address Principal Business Office

City

Medford

State

ZIp

98 Hicks Avenue 4. Business Phone No.

5. State of Incorporation

MA

02155 6. SIC Code

MASSACHUSETTS

414

617-776-4700 M. 7. Brief Description of the Character of Business Conducted in Rhode island

Sales, Installation of Doors, Frames, Har 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) Hardware and Bathroom Partitions FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

Wayne R. Hingston

Street Address

Wayne R. Hingston

288 Border Road State

МΔ

State

01742

City

City

State

Zip

Secretary Name

Concord

Treasurer Name

None Street Address

Street Address

City

Zip

Zip

State

Zip

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

Director Name

Director Name

Street Address

Street Address

State

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

Z.Ip

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

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

100 COMM NO PAR VALUE

100

Common

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

No Par

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

File Date:

Check No .

FOR SECRETARY OF STATE USE ONLY



Stenature of Office

President

Wayne W Hingston

that all statements equiained herein are true and correct.

Print or Type Name of Officer

Title of Officer <2000 S

Form 630 12/02

<u>/24/03</u>

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

(FORM MUST BE TYPED I	N BLACK)	•				
I. Corporate ID No.	2. Name of Corpor	ration — —	· • •		\ <u>-</u>	
69924		nd School Services, I	nc.			
3. Street Address Principal Bu			City	State	ZIp	
98 Hicks Av	enue		Medford	MA	02155	
4. Business Phone No.		5. State of Incorpor			6. SIC Code	
617-776-470 7. Brief Description of the Ch	-	MASSACH in Rhode Island	USETTS		414	
Sales, Inst. 8. NAMES AND ADD President Name	allation of I DRESSES OF THE OFF	Doors, Frame NCERS (*x* BOX FOR)	s, Hardware and I	Bathroom Parti S BEFORE USING ATTAC		
Wayne R. His	ngston		Wayne R. H.	Ingston		
288 Border	Road		:			
City	State	Zip	· City	State	Zip	
Concord	MA	01742				
Secretary: Name		••••	Treasurer Name	i		
None Street Address			None Street Address	·		
Chy	State	Zip	City	State	Zip	
9. NAMES AND ADD Director Name	RESSES OF THE DIR	ECTORS (*x* box fo	R ATTACHMENT) FILL IN SPA	CES BEFORE USING ATTA	ACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Chy	State	Zip	
10. SHARES AUTHOR	SIZED (*x* box for att	'ACHMENT')	11. SHARES ISSUED	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100 COMM NO PAR	VALUE		ຸ 100	Common	No Par	
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inis report must be s		her the President, \	lice President, Secretary, As	sistant Secretary, Treast	irer, Receiver or Tri	



File Date:	2.21-02	
Check No.: _	11812	
By:	de	
,	ARY 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 configured herein are true and correct.

<u>2/18/02</u>

Wayne R. Hingston

<u>President</u>

Signature of Offi

Title of Officer ******* *

Form 630 12/01

Corporation S Own 100 North Main Street, Providence, RI 02903-1 401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

File Date: ... _

FOR SECRETARY OF STATE USE ONLY

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PLEASE READ INSTRUCTION

FORM MUST BE TYPED IN 1. Corporate ID No. 69924 3. Street Address Principal Busin 98 Hicks Aver 4 Business Phone No. 671-776-4700	New Engla	and School Se	rvices Inc		
69924 Street Address Principal Busin 98 Hicks Aver Business Phone No.	New Engla	and School Se	rvices Inc		
Street Address Principal Busin 98 Hicks Aver Business Phone No.	ness Office		it vices, inc.		
4 Business Phone No.	Street Address Principal Business Office			State	Zir
	nue		Medford	MA	02155
671 776 A7AA		5 State of Incorporation			6. SIC Code
071-770-1700			ısetts		0414
Sales, Instal	llation of Do	ors, Frames,	Hardware and Ba	athroom Partiti	ons
3. NAMES AND ADDR	ESSES OF THE OFFIC	ERS (*X* BOX FOR ATT	ACHMENT) OFILL IN SPACE	ES BEFORE USING ATTAC	HMENTS
President Name			Vice President Name	: maraton	
Wayne R. Hingston			Wayne R. H		
Street Address			Street Address		
288 Border F		1		Teller - mart	Zip
•	State	01742	City	State	2.16
Concord Name	<u> MA</u>	101772	Treasurer Name		
•			None		
None.			Street Address		
·			3.11((1.711117(13)		
City	State	Lip	t(aty	State	Zip
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NAMES AND ADDR	ESSES OF THE DIRE	CTORS (*X* BOX FOR A	ITACHMENT) LIFILL IN SPA	 CES BEFORE USING ATTA	CHMENTS
Otrector Name	TESTED OF THE DIRE	STORS IN HOMPON	Director Name		
None.					
Street Address			Street Address		
Tity	State	Zip	Citr	State	Z(p
	State	Zip	City	State	Zıp
City Director Nume	State	Ζιμ	City Director Name	State	Zip
·	State	Zop	Director Name	State	Zip
·	State	Zip		State	Zip
Strector Name	State	Z)p	Director Name	State	Zip
Director Nume treet Address	State	Zip	Director Name Street Address City	State	Zip
Director Name Greet Address Gly IO. SHARES AUTHORI	State	Zip	Director Name Street Address City 11. SHARES ISSUED		Zip
Orector Name Greet Address Gry IO. SHARES AUTHORI AUTHORIZED SHARIS	State ZED ("X" BOX FOR ATTA	Zap CHMENT)	Director Name Street Address City 11. SHARES ISSUED ISSUED SHARES	State (*X* BOX FOR ATTACHMENT	Zip
Orector Name Greet Address Gry IO. SHARES AUTHORI AUTHORIZED SHARIS	State	Zip	Director Name Street Address City 11. SHARES ISSUED ISSUED STARIS Number of States	State (*X* BOX FOR ATTACHMENT Class/Series	Zip) [] Par Value
Director Nume	State ZED ("X" BOX FOR ATTA	Zap CHMENT)	Director Name Street Address City 11. SHARES ISSUED ISSUED SHARES	State (*X* BOX FOR ATTACHMENT	Zip
Oreclas Name irect Address Ory ON SHARES AUTHORI AUTHORIZED SHARIS lamber of Shares	State ZEI) ("X" BOX FOR ATTA	Zap CHMENT) 🗖 Par Value	Director Name Street Address City 11. SHARES ISSUED ISSUED STARIS Number of States	State (*X* BOX FOR ATTACHMENT Class/Series	Zip) [] Par Value

Wayne Hingston) President Title of Officer

7/27/01 Date

James R. Langevin, Secretary of Sta Corporations Division 100 North Main Street, Providence, RI 02903-13. 401-222-30-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 69924

2. Name of Corporation

New England School Services, Inc. **TO DO BUSINESSUNDER FICTITIOUS N

Medford

, 3. Street Address Principal Business Office

98 Hicks Avenue

5. State of Incorporation

MA

0 2 1 5 5 6. SIC Code

4. Business Phone No.

MASSACHUSETTS

414

(617) 776-4700 7. Brief Description of the Character of Business Conducted in Rhode Island

Sales, Installation of Doors, Frames and Hardware, Bathroom Partitions 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILLIN SPACES BEFORE USING ATTACHMENTS

President Name

Wayne R. Hingston

Wayne R. Hingston

288 Border Road

City

State

Zip

Concord
Secretary Name

MA

01742

Treasurer Name

Same as Above

Street Address

Same as Above

Street Address

City

State

Zip

Zip

City

State

Zip

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

Director Name

Director Name

Same as Above

State

Zip

City

Street Address

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

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

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

State

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

100

Common

No Par

100

Common

Under penalty of perjury, I declare and affirm that I have examined

No Par

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



File Date:

Check No.:

SECY OF STATE

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Wayne R. Hingston

Print or Type Name of Officer

President

1/18/2000

Pate

Title of Officer

James R. Langevin, Secretary of Sta Corporations Divisie 100 North Main Street, Providence, RI 02903-13. 401-222-30-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST RE TYPED IN 1. Corporate ID No.	N BLACK) 2. Name of Corpora	tion.		<u> </u>			
69924			Inc.**TO DO BUSINES	SSUNDER FICTITIOUS	JNDER FICTITIOUS NAME ONL		
3. Street Address Principal Bu	siness Office		City	State	Zip		
9.8_Hicks_Av	enue	5. State of Incorporation	Medford	Massachus	etts_02155		
(617) 776-4	700 aracter of Business Conducted 1.	MASSACHU			6. SIC Code 414		
Sales. Inst	allation of r	nore France	Hardware_and_	Dathroom Dawti	tions		
8. NAMES AND ADD	RESSES OF THE OFFI	CERS (*X* BOX FOR ATT	ACHMENT) OFILL IN SPACE	ES BEFORE USING ATTAC	CHMENTS		
President Name			Vice President Name		•		
Wayne R. Hi Street Address	ngston	-	Wayne R. H	ingston	··		
_288_Border_	Road			<u> </u>			
City	State	Zip	City	State	Zip		
Concord	MA	01742	· • •				
Secretary Name		Treasurer Name					
		····	None		· · · · · · · · · · · · · · · · · · ·		
Street Address			Street Kattess		,		
City	State	Zip	City	State	Zip		
9 NAMES AND ADD	RESSES OF THE DIRE	CTORS CAR BOX FOR A	THACHMENT) (FILL IN SDA	CVS RECORE USING ATT	ACUMENTS		
Director Name	VESSES OF THE MIKE	CTORS (N. HOX FOR A	Director Name	Director Name			
Street Address	- · · · · · · · · · · · · · · · · · · ·		Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	Gity:	State	Zip		
10 SHARES AUTHOR	RIZED ("X" BOX FOR ATTA	ocuvent) 1	11 CHARRY ISSUED	(4 V = BAN COD ATTACIDATION	10		
AUTHORIZED SHARES	TELLO I A HON TOR ALL	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
							
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r1							
inis report must be s	signed in ink by eith	er the President, Vic	e President, Secretary, A	ssistant Secretary, Treasi	arer, Receiver or Trust		
	* 6 9 9 2 4	*		perjury, I declare and affirm			
 				ling any accompanying sch s contained horein are true			
File Date:	17/1	•	Wayer	A. A.	1/11/99		
Check No :	11100	TAN	Signature of Officer	Hinacton	Date		
Ву:	HMP	100	Print or Type Name of	•			
FOR SECRETARY OF STATE	USE ONLY		Presiden	t			

James R. Langevin, Secretary of Sta Corporations Divisio 100 North Main Street, Providence, RI 02903-13. 401-277-30-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

3. Street Address Principal B	usiness Office New Engla	nd School Services, In	c.**TO DO BUSINESS	UNDER FICTITIOU	S NAME ONL
33 Mystic A 4. Business Phone No.		S. State of Incorporation	Somerville	Massachus	setts 02145
(617) $776-42. Brief Description of the Cl$	1700 haracter of Business Conducted	in Rhode Island	:TS		0414
Sales, Inst	allation of [Doors, Frames, ICERS (*X* BOX FOR ATTACE	Hardware and B	athroom Parti	itions
Wayne R. Hi	ngston		Wayne R. Hine	gston	
288 Border	Road State	Zip	; City	State	Zip
Concord Secretary Name	. MA	01742	Treasurer Name		· · · · · · · · · · · · · · · · · · ·
None Street Address			None Street Address		
City	State	Zip	City	State	. Zip
9. NAMES AND ADI	DRESSES OF THE DIR	ECTORS (*X* BOX FOR ATTA	CHMENT) Director Name		
None. Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
СПу	State	Zip	City	State	Zip
10. SHARES AUTHO	RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BUX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common	No Par	100	Common	No Par
This report must be	signed in ink by eit)	ner the President, Vice F	President Secretary Assi	Stant Secretary Treas	urar Bacaivae oe Tev
•	<u> </u>	and the second s	occietary, Assi	ordin Secretary, iteas	mici, Accelvet of Hu

	* 6 9 9 2 4 *
Flle Date:	1/13/48
Check No.:	10997
Ву:	100
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, as	n
that all statements contained herein are true and correct.	
War 1/12/98	
Signature of Officer Day	
Wayne R.) Hingston	
Print or Type Name of Officer	-
D	
<u> President</u>	
Title of Officer	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-133: 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED I	IN BLACK)				COMPLETING
Corporate ID No.	2. Name of Corporati New Engla		Inc.**TO DO BUSINESS	UNDER FICTITIOUS	NAME ON
. Street Address Principal B	•	·	City	State	Zip
. Rusiness Phone No.	udaze H	5. State of Incorporation	Durange	Mo	6. SIC Code
667-77	6-4700	MASSACHUS	ETTS		0414
. Brief Description of the Cr	haracter of Business Conducted in	n Rhode Island			
	DRESSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT)		_
President Name	2// 200	· C	Vice President Name	_e_	
treet Address	H. H. Con	2. 1	Street Address	مرحمت	
:53 m	10.te Sue	Zip	City	State	VII.
Nivanos	e ma	B2145	:	Since	Zip
ecretary Rame	•	· — · · · · · · · · · · · · · · · · · ·	Treasurer Name	*** *** ****	**** **** ***** ***** *
treet Address	م		Street Address	ما	
City		7 1.	-50	_	
ny	State	ZIp	- City 1	State	Zip
	DRESSES OF THE DIRE	CTORS ("X" BOX FOR ATT			-
Director Name			Director Name		
iteet Address	\ 0		Street Address		
Sity	State	Zip	City	State	Zip
•••	• • • •	•			
Director Name			Director Name		
treet Address			Street Address		
:u _y :	State	Zip	City	State	Zip
		·			,
O. SHARES AUTHO	RIZED AND ISSUED (*	X* BOX FOR ATTACHMENT)	SSUED SHARES 🗸		
iumher of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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,		,)		Common	•
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his report must be	signed in ink by eith	er the President, Vice	President, Secretary, Assist	ant Secretary, Treasure	r, Receiver or Trust
		1701 1001			

* 6 9 9 2 4 *	Under penalty of perjury, I declare and affirm that I have examined
File Date:	this report, including any accompanying schedules and statements, and that all statements contained herein are frue and correct. Signature of Office Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Thie of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantation James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-304

Filing Period: Jahuary 1-March 1 Filing Fee: \$50.00

		PLEASE TYPE OR PR	INT IN BLACK INK.		
1 CORPORATE ID NO.	2. NAME OF CORPORATION	<u> </u>			
69924	New End	gland School Ser	vices, Inc.**TO	DO BUSINESS	
3. STREET ADDRESS PRINCIPAL BUSINESS	OFRICE		CITY	STATE	UP COOE
33 Mystic Avenue	!		Somerville	Massachuse	etts 01906
4 BUSINESS PHONE NO.		5. STATE OF INCORPORATION		·················	6. SiC 000€
(617) 776-4700		MASSACHUS	SETTS		0419
7 BREE DESCRIPTION OF THE CHARACTER	OF BUSINESS CONDUCTED IN RHODE ISC	AVD		······································	
Sales, Installa	tion of Doors,	Frames and Hardw	are, Bathroom Par	rtitions	
	a. QAM	000 A00 A00	9939 00 000 00	2010000	<u> </u>
PRESIDENT NAVE			VICE PRESIDENT NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Wayne R. Hingst	on		Wayne R. Hings	ston	
STREET ADDRESS			STREET ADDRESS	•	
288 Border Road	STATE	ZiP CODE	ary	TSTATE	T 70° C000E
Concord	MA 01742				
SECRETARY NAME			TREASURER NAME		
_Same_as_Above			Same_as_Above_		
2 MEE I ADUNG 22			2 INSE! AUTHESS		
άτγ	STATE	ZIP COOK	air	STATE	ZIP COOE
	0. DAC	00 000 000G	8888 00 000 00	000000	
DIRECTOR NAME			DIRECTOR NAME		
Same as Above smeet aboves			STREET ADDRESS		
			ł		
YTO	STATE	ZIP C00E	ary	STATE	ZIP COOE
DOSECTOR NAME		<u>l</u>	DIRECTOR NAME		
CONSCION NOW E			baccion lowe		
STREET ADDRESS			STREET ADDRESS		
άπ γ	STATE	XL CODE	CITY	STATE	28° COO€
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	Thie	report must be SIGN	IED IN INK by either ti	20	
Pre			nt Secretary, Treasure		
		•	•		
			report, including	any accompagying sche	ffirm that I have examined to dules and statements, and to
	-	-	all statements of	ontained herein are true a	nd correct.
File Date: 25	96		<u> </u>	me Till	<u></u>
File Date: 25	a C/	• •	Signature of Off	(I, \dots, I)	7 _
Check No: 1077	$y_{ y }$		Wayne R.		· .
	110	grani	Print or Type Na	ame of Officer	
By:		•	<u>President</u>		1/26/96
For Secretary of	State Use Only	DETACH BOTTOM	Title of Officer		Date
		DETACH BOLLOM	BEFORE RETURNING	1	FORM 31 12/95

State of Rhode Island and Providence Plantations



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Business entity organized under the laws of the State of: For foreign entity, address and telephone number of princ	cipal office:	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1)		
33 Mystic Avenue Somerville, Massachusetts	[] Professional Service Corporation (See RIGL Chapter 7-5.1)			
Solie! VIIIe, Hassachusecus		Brief statement of t	he character of business conducted	in Rhode Island:
Phone: (617) 776-4700	·· ···-	New Englan	d Schools Service:	s, Inc.
Address and telephone of the principal office of business	entity in Rhode		business of furnis	
Island (Provide street address - Not P.O. Box):		and installing doors, frames, hard ware and partitions.		
<u> </u>				
Phone: ()				
Phone: ()				
PRESIDENT	THE NAMES OF THE		CITY/STATE	VIP CO
	3 Mystic Avenu		Somerville, MA	02145
VICE PRESIDENT	STREET ADDRE	<u> </u>	СПУЛТАТЕ	ZIP CO
N / A SECRETARY	STREET ADDRE	FSS	CTTY/STATE	ZIP CO
	s Above			
TREASURER	STREET ADORE	ESS	CITY/STATE	ZIP CO
	s Above.	DIDECTORS ARE		-
NAME	THE NAMES OF THE STREET ADDRE		CITY/STATE	ZIP CO
N/A		·	··	
NAME	STREET ADDRI	ESS	CITYSTATE	2.0° CO
NAME	STREET ADDRI	SS CITY/STATE		ZZP CO
	· ————————————————————————————————————	·	<u> </u>	
NUMBER OF SHARES AUTHORIZED (Rider may be atta	iched)	NUMBER OF SHARES	ISSUED AND OUTSTANDING (Ride	er may be attached)
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Date February 27, 1995	By:	Carre <	A. r. de	
	Wayn PRINT OR TYPE	e R Ningsto	on \(\frac{1}{2}\)	
Form 31 1/95	TITLE OF OFFI			
	REGISTERED AGEN	11001	· · · · · · · · · · · · · · · · · · ·	

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CT Corporation System 123 Dyer Street Providence, Rhode Island

FILED FEB 2 8 1995

By Le 10672

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ecember 27,	Hayne B Wingston	S. Con	
	President Toronarmony	!	:

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE If the Corporation has changed its registered of the amblos registered or resident agent, Form 9 or Form LLC 3 must be filed

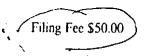
Form 31 1.3K

CT CORPORATION SYSTEM
123 OYER STREET
PROVIDENCE RI 02903

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SECTY OF STATE

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State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID. 005992	2 11	Annual Report for th	ne year 1993
FIRST: The name of the co	orporation is	New England School	ol Services, Inc **TC
SECOND: It is incorporate	d under the laws of	17702500000	
THIRD: Character of busin	ness, briefly stated, is	bulletistica	205/2/12/2111
E2005 &			
FOURTH: If foreign corpor		principal office 33 xxxx	15/10 1200
FIFTH: Business address in	Rhode Island	gent - CT 200	Q:
\23	D48 37.	providence, ma	<i>. 25.</i>
SIXTH: Names and address	ses of its directors an		(Attach rider if necessary)
Dayne R Hingston	Director	388 2005066	concert mass only
	Director		
	Director		
	President		
N.	Vice Presic	lent	
1 -	Secretary		
YY	Treasurer		
SEVENTH: Number of Sha			Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	467	Common	MOV
Еібнтн: Number of Share	es issued:		Par Value or statement that shares are without
No of Shares	Class	Senes	par value
100	M6A	commo	14 61
Dated 1-25	19 ^{CD}	Name of Corporation) By Carrie 2 14.	al Services, Inc
• (Report must be signed by	v an officer)	Title President	