



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. **88792** 2. Name of Corporation **Haines Group Services, Incorporated**
3. Street Address Principal Business Office
16 International Way
4. Business Phone No. **401-734-4119** 5. State of Incorporation **RHODE ISLAND**

City **Warwick** State **RI** Zip **02886**
6. SIC Code **5702**

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

Provide Insurance Services to the Business Community and the General Public

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

President Name
Samuel H. Fleet
Street Address
16 International Way
City **Warwick** State **RI** Zip **02886**

Vice President Name
Samuel H. Fleet
Street Address
16 International Way
City **Warwick** State **RI** Zip **02886**

Secretary Name
Samuel H. Fleet
Street Address
16 International Way
City **Warwick** State **RI** Zip **02886**

Treasurer Name
Samuel H. Fleet
Street Address
16 International Way
City **Warwick** State **RI** Zip **02886**

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

Director Name
Samuel H. Fleet
Street Address
16 International Way
City **Warwick** State **RI** Zip **02886**

Director Name

Street Address

City State Zip

Street Address

City State Zip

Director Name

Street Address

City State Zip

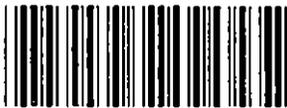
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 8 8 7 9 2 *

File Date: 3-29-02
Check No.: 1408
By: [Signature]

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 3/28/02
Print of Type Name of Officer SAMUEL H. FLEET
Title of Officer President

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88792 2. Name of Corporation HATHES Group Services, Incorporated

3. Street Address Principal Business Office 16 INTERNATIONAL WAY City WARWICK State RI Zip 02886
4. Business Phone No. 401-739-3330 5. State of Incorporation RHODE ISLAND 6. SIC Code 5702

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE INSURANCE SERVICES TO THE BUSINESS COMMUNITY & THE GENERAL PUBLIC.

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

President Name <u>SAMUEL H. FLEET</u>	Vice President Name
Street Address <u>105 SHEEP FARM DRIVE</u>	Street Address
City State Zip <u>EAST GREENWICH RI 02818</u>	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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

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	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



File Date: 1/31
Check No.: 1285
By: [Signature]

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: 1-29-01
Print of Type Name of Officer: SAMUEL H. FLEET
Title of Officer: PRESIDENT



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. **88792** 2. Name of Corporation **Haines Group Services, Incorporated**
3. Street Address Principal Business Office **16 International Way** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **401-739-3330** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5720**
7. Brief Description of the Character of Business Conducted in Rhode Island

To provide insurances services to the business community and general public.

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

President Name Samuel H. Fleet	Vice President Name
Street Address 105 Sheep Farm Drive	Street Address
City Warwick State RI Zip 02818	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) FILL IN SPACES BEFORE USING ATTACHMENTS

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	City State Zip

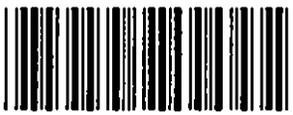
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 8 8 7 9 2 *

File Date: 1/12/00
Check No.: 1123
By: [Signature]

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] 1/7/00
Signature of Officer Date
Samuel H. Fleet
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88792** 2. Name of Corporation **Haines Group Services**
3. Street Address Principal Business Office **16 International Way** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **(401)-739-3330** 5. State of Incorporation **Rhode Island** 6. SIC Code **5720**

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide insurance services to the business community and general public.

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

President Name Samuel H. Fleet	Vice President Name
Street Address 105 Sheep Farm Drive	Street Address
City E. Greenwich State RI Zip 02818	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
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
1,000 Shares Common No Par Value		

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

ISSUED SHARES	Class/Series	Par Value
None		

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

File Date: 7-13-99
Check No.: 1047
By: AMF
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 7/16/99
Samuel H. Fleet
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88792 2. Name of Corporation Haines Group Services, Incorporated
3. Street Address Principal Business Office 100 Lafayette Street City Pawtucket State RI Zip 02860
4. Business Phone No. (401) 722-9444 5. State of Incorporation Rhode Island 6. SIC Code 5720

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide insurance services to the business community and general public.

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

President Name	Vice President Name
Samuel H. Fleet	
Street Address	Street Address
105 Sheep Farm Drive	
City State Zip	City State Zip
E. Greenwich RI 02818	
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
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 Shares No Par Value

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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

FILED

File Date: FEB 04 1999
Check No.:
By: [Signature] 2/29/99
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] Date 1/37/99
Signature of Officer Samuel H. Fleet
Print or Type Name of Officer President
Title of Officer



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. **88792** 2. Name of Corporation **Haines Group Services, Incorporated**
 3. Street Address Principal Business Office **100 Lafayette Street** City **E. Greenwich** State **RI** Zip **02860**
 4. Business Phone No. **401-722-9444** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5720**

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide insurance services to the business community and public.

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

President Name Samuel H. Fleet	Vice President Name
Street Address 105 Sheep Farm Drive	Street Address
City E. Greenwich State RI Zip 02818	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
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE			None		

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

File Date: 6/4/97
 Check No.: 144
 By: GAA
 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: 5/13/97
 Print or Type Name of Officer: Samuel H. Fleet
 Title of Officer: President