The Commonwealth of Massachusetts

FEE: $15.00

M.G.L. Ch.180
Corporation
Annual Report

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512
Telephone: (617) 727-9640

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ANNUAL REPORT

FEDERAL IDENTIFICATION NO. 04-3190252

Filing for November 1, 20 01

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: CARE INTERNATIONAL INC

2. ADDRESS: 42 (number) BROOKS STREET (street)
BRIGTON (city or town) MA (state) 02135 (zip)

3. DATE OF THE LAST ANNUAL MEETING: Dec 2000

4. State the names and addresses of all officers,including all the directors of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:	MOHAMAD AKRA	1 Kendall Sq., Bldg 600, Box 185 Cambridge, MA 02139	July 01
Treasurer:	MUHAMED MUBAYYID	295 TURNPIKE RD 416 WESTBORO, MA 01581	Aug 01
Clerk: (or Secretary)			
Directors: (or Officers having the powers of Directors)			

I, the undersigned SOHEIL LAHER being the President of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown.

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this 20th day of November, 20 01.

Signature: [signature] Title: President

Contact Person: Suheil Laher Contact Person Telephone #: 617- 789- 4448

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The Commonwealth of Massachusetts

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ANNUAL REPORT

FEDERAL IDENTIFICATION NO. 04-3190252

Filing for November 1, 20 01

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: CARE INTERNATIONAL INC.

2. ADDRESS: 160 (number) OTIS (street) STREET Unit 5033

NORTHBORO (city or town) MA (state) 01532 (zip)

3. DATE OF THE LAST ANNUAL MEETING: Aug 2001

4. State the names and addresses of all officers,including all the directors of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:	Suheil Laher	17 Moody St. Quincy, MA 02169	Aug 02
Treasurer:	Muhamed Mubayyid	295 Turnpike Rd 416, Westboro, MA 01581	Dec 01
Clerk: (or Secretary)	✓		
Directors: (or Officers having the powers of Directors)	✓		

I, the undersigned SUHEIL CAHER being the President of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown.

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this 20th day of NOVEMBER, 20 01.

Signature: Slaher Title: PRESIDENT

Contact Person: Suheil Laher Contact Person Telephone #: 617-789-4448

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