

2520040762399

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

Name and Address of Employer: *The Preservation Society of Newport County
424 Bellevue Avenue
Newport, RI 02840*

EIN of Employer: *05-0252708*

The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Name of Plan: *The Preservation Society of Newport County
Deferred Compensation Plan*

Date of Adoption of Plan: *December 5, 2002*

Number of Plans: *one (1)*

Number of Members of Plan: *one (1)*

**THE PRESERVATION SOCIETY OF NEWPORT
COUNTY**

By: *[Signature]*

Dated: *4/1/02*



April 2, 2003

The ANGEL Pension Group, Inc.
1000 North 17th Street, Suite 1000
Cincinnati, Ohio 45219
Phone: (513) 561-1000
Fax: (513) 561-1001
www.angelpension.com

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

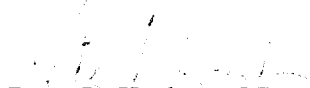
Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5638
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

RE: The Preservation Society of Newport County

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for The Preservation Society of Newport County Deferred Compensation Plan to meet the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of ERISA for top-hat plans pursuant to DOL Reg. Section 2520.104-23.

Very truly yours,


Peter L. Karlson, J.D., LL.M.
Vice President
General Counsel

PLK/mm
tophat.irs
L17271

Enclosure

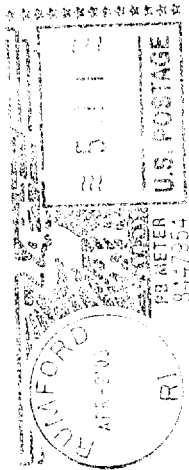
cc: Jeffrey A. Bauer, QPA, CPC
James M. Burrell



The ANGELL Pension Group, Inc.
Actuaries, Consultants and Administrators for Employee Benefit
10 Hemingway Drive
East Providence, Rhode Island 02915



7000 0600 0025 8134 5054



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