

Edgar Filing: MACOMBER FRANCIS A - Form 5

MACOMBER FRANCIS A  
 Form 5  
 February 12, 2003

FORM 5

OMB APPROVAL

Check box if no longer  
 subject to Section 16. Form 4 or  
 Form 5 obligations may continue.  
 See Instruction 1(b).  
 Form 3 Holdings Reported  
 Form 4 Transactions Reported  
 -----

OMB Number: 3235-0362  
 Expires: January 31, 2005  
 Estimated average burden  
 hours per response...1.0  
 -----

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 WASHINGTON, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the  
 Securities Exchange Act of 1934, Section 17(a) of the Public Utility  
 Holding Company Act of 1935 or Section 30(h) of the  
 Investment Company Act of 1940

-----			-----		-----
1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol		6. Re
Macomber	Francis	A.	Slade's Ferry Bancorp (SFBC)		to
(Last)	(First)	(Middle)	-----		[X
27 Cypress Road			-----		[
(Street)			3. I.R.S. Identification Number		-----
			of Reporting		7. In
			Person, if an		(c
			(Voluntary)		[ ] Fo
Somerset	MA	02726	027-22-6113		[ ] Fo
(City)	(State)	(Zip)	-----		Re
			4. Statement for		
			Month/Year		
			12/2002		
			5. If Amendment,		
			Date of Original		
			(Month/Year)		

Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/ Year)	3. Trans- action Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Price (A) or Amount (D)	5. Amount of Securities Beneficially Owned at end of Issuer Fiscal Year (Instr. 3 and
Common stock; \$.01 par value				96,450.853



Edgar Filing: MACOMBER FRANCIS A - Form 5

\*1. Self as Custodian for family members

/s/ Francis A. Macomber

02/03/03

\*\* Signature of Reporting Person

Date

By authorized signator:

/s/ Isola A. Anctil

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.