



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000020357

**2. Name of Corporation** APPLIED MANAGEMENT SYSTEMS, INC.

**3. Street Address Principal Business Office:**

No. and Street: 3 NEW ENGLAND EXECUTIVE PARK

City or Town: BURLINGTON

State: MA Zip: 01803 Country: USA

**4. Business Phone No.**

781-272-8001

**5. State of Incorporation**

State: MA

**6. Brief Description of the Character of Business Conducted in Rhode Island**

HEALTHCARE OPERATIONS CONSULTING AND RECEIVABLES MANAGEMENT

**7. Names and Addresses of the Officers and Directors:**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	PAUL J BRZOZOWSKI	22 HEMENWAY ROAD SWAMPSCOTT, MA 01907 USA
SECRETARY	THOMAS J WEBB	7516 INDIAN PIPE COURT COLUMBIA, MD 21046 USA
PRESIDENT	ALAN J GOLDBERG	20 CANOE RIVER ROAD SHARON, MA 02067 USA
DIRECTOR	PAUL L CHAUSSE	34 UXBRIDGE ROAD SUTTON, MA 01590 USA
DIRECTOR	PATRICK ABRAMI	9 TALL PINES DRIVE STRATHAM, NH 03885 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	15,000.00	15000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 16 Day of January, 2009 at 4:27:52 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By COLETTA GABELE

Signature of Authorized Representative of the Corporation

CONTROLLER

Title

Form No. 630  
Revised 09/07

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