State of Rhode Island and Providence Plantations Fee: \$50 Office of the Secretary of State			
Division Of Business Services 148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2013			
1. ID No. <u>000705440</u>			
2. Exact Name of the Limited Liability Company <u>Abacus Health Solutions, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
Mitigating the impact of chronic diseases			
5. Principal Office Address			
No. and Street: <u>1210 PONTIAC AVENUE</u>			
		te: <u>RI</u> Zip: <u>02920</u> Coun	try: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: <u>1210 PONTIAC AVENUE</u>			
City or Town: <u>CRAN</u>	<u>NSTON</u> Stat	e: <u>RI</u> Zip: <u>02920</u> Coun	ntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country
MANAGER	MICHAEL J. FOLLICK, PHD	1210 PONTIAC AVE CRANSTON, RI 02920 U	
	1		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
EDWARD D. FELDSTEIN, ESQ. 10 WEYBOSSET STREET, 8TH FLOOR PROVIDENCE, RI 02903			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

Signed this 16 Day of September, 2013 at 1:36:45 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>MICHAEL J. FOLLICK</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc op}}$ 2007 - 2013 State of Rhode Island and Providence Plantations All Rights Reserved