



STATE OF RHODE ISLAND
 AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State

James R. Langevin, Secretary of State
 Corporations Division
 100 North Main Street, Providence, RI 02903-1335
 401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **108100** 2. Name of Corporation **QualityMetric Incorporated**

3. Street Address Principal Business Office **640 George Washington Hwy** City **Lincoln** State **RI** Zip **02865**

4. Business Phone No. **(401) 334-8800** 5. State of Incorporation **DELAWARE** 6. SIC Code **7872**

7. Brief Description of the Character of Business Conducted in Rhode Island
Develops internet-based healthcare measurement tools for managing risk and manit.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **John E. Ware, JR**
 Street Address **24 Larkspur Rd.**
 City **Waban** State **MA** Zip **02168**

Vice President Name **James E. Dewey**
 Street Address **18 Jennifer Court**
 City **Narragansett** State **RI** Zip **02882**

Secretary Name **Ralph J. Perfetto, JR**
 Street Address **35 Brookridge Dr.**
 City **Exeter** State **RI** Zip **02822**

Treasurer Name **Ralph J. Perfetto, JR.**
 Street Address **35 Brookridge Dr.**
 City **Exeter** State **RI** Zip **02822**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **John E. Ware, JR.**
 Street Address **24 Larkspur Rd.**
 City **Waban** State **MA** Zip **02168**

Director Name **James E. Dewey**
 Street Address **18 Jennifer Court**
 City **Narragansett** State **RI** Zip **02882**

Director Name **Ralph J. Perfetto, JR.**
 Street Address **35 Brookridge Dr.**
 City **Exeter** State **RI** Zip **02822**

Director Name **Allyson Ross Davies**
 Street Address **24 Larkspur Rd.**
 City **Waban** State **MA** Zip **02168**

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) X

Number of Shares	Class/Series	Par Value
21,262,268	Common	.001
100,000	Preferred	.01
500,000	Preferred Series A	.01
540,250	Preferred Series B	.01

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) X

Number of Shares	Class/Series	Par Value
5,282,126	Common	.001
400,000	Preferred Series A	.01
480,224	Preferred Series B	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

File Date: **JUL 12 2000**

Check No.: **CO# 283**
 By: **[Signature]**

By: _____

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **[Signature]**
 Print or Type Name of Officer **John E. Ware**

JUL 12 2000
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 RECEIVED

9. Directors-continued

Director Name:

Albert Waxman
Psilos Group Managers, LLC
625 Avenue of the Americas
Fourth Floor
New York, NY 10011

Director Name:

George Emont
Humana, Inc.
500 W. Main Street
P.O. Box 1438
Louisville, KY 40201-1438

10. Shares Authorized

<u>Number of Shares</u>	<u>Class/Series</u>	<u>Par Value</u>
21,262,268	Common	.001
100,000	Preferred	.01
500,000	Preferred-Series A	.01
540,252	Preferred-Series B	.01

11. Shares Issued

<u>Number of Shares</u>	<u>Class/Series</u>	<u>Par Value</u>
5,282,126	Common	.001
400,000	Preferred-Series A	.01
480,224	Preferred-Series B	.01