



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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: 2016

1. Corporate ID No. 000158250

2. Name of Corporation HEALTH MANAGEMENT SYSTEMS, INC.

3. Street Address Principal Business Office:

No. and Street: 360 PARK AVENUE SOUTH, 17TH FLOOR

City or Town: NEW YORK

State: NY Zip: 10010 Country: USA

4. Business Phone No.

5. State of Incorporation

State: NY

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

Cost containment services for healthcare payers and sponsors

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM C. LUCIA	360 PARK AVENUE SOUTH, 17TH FLOOR NEW YORK, NY 10010 USA
TREASURER	JEFFREY S. SHERMAN	360 PARK AVENUE SOUTH, 17TH FLOOR NEW YORK, NY 10010 USA
SECRETARY	KIMBERLY J. DAY	360 PARK AVENUE SOUTH, 17TH FLOOR NEW YORK, NY 10010 USA
DIRECTOR	WILLIAM C. LUCIA	360 PARK AVENUE SOUTH, 17TH FLOOR NEW YORK, NY 10010 USA
DIRECTOR	JEFFREY S. SHERMAN	360 PARK AVENUE SOUTH, 17TH FLOOR

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>
PWP		\$0.0100	5,000,000.00	0
CWP		\$0.0100	45,000,000.00	200

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 21 Day of January, 2016 at 2:48:56 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 MICHELLE DONATO

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07