



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001060048		2. Exact name of the Corporation Abreon, Inc.			
3. Principal office address 680 Andersen Drive, Suite 500			City Pittsburgh	State PA	Zip 15220-2775
4. Business Phone No. 888.972.6255		5. State of Incorporation DE			
6. Brief description of the character of business conducted in Rhode Island Management Consulting Services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Howard Schapiro			Vice-President Name -none-		
Street Address 680 Andersen Drive, Suite 500			Street Address		
City Pittsburgh	State PA	Zip 15220-2775	City	State	Zip
Secretary Name Stacy Tipton			Treasurer Name Dinah Strayer		
Street Address 680 Andersen Drive, Suite 500			Street Address 680 Andersen Drive, Suite 500		
City Pittsburgh	State PA	Zip 15220-2775	City Pittsburgh	State PA	Zip 15220-2775
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Howard Schapiro			Director Name Dinah Strayer		
Street Address 680 Andersen Drive, Suite 500			Street Address 680 Andersen Drive, Suite 500		
City Pittsburgh	State PA	Zip 15220-2775	City Pittsburgh	State PA	Zip 15220-2775
Director Name Stacy Tipton			Director Name		
Street Address 680 Andersen Drive, Suite 500			Street Address		
City Pittsburgh	State PA	Zip 15220-2775	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$0.001

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

File Date _____
 Check No _____
 By: _____

FILED

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.

Howard Schapiro 2/29/16
 Signature of Authorized Representative _____ Date _____
Howard Schapiro - President
 Print or Type Name of Authorized Representative

BY *CM 269102*

FOR SECRETARY OF STATE USE ONLY **MAR 02 2016**