



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 98948		2. Exact name of the Corporation COMPREHENSIVE PRACTICE MANAGEMENT SERVICES, INC.			
3. Principal Office Address 6 Blackstone Valley Place, Suite 706			City Lincoln	State RI	Zip 02865
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Billing services provided to physicians' offices and hospitals			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julie Sylvestre			Vice-President Name Charanjit S. Anand		
Street Address 6 Blackstone Valley Place, Suite 706			Street Address 6 Blackstone Valley Place, Suite 706		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Julie Sylvestre			Treasurer Name Julie Sylvestre		
Street Address 6 Blackstone Valley Place, Suite 706			Street Address 6 Blackstone Valley Place, Suite 706		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Julie Sylvestre			Director Name Charanjit S. Anand		
Street Address 6 Blackstone Valley Place, Suite 706			Street Address 6 Blackstone Valley Place, Suite 706		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			2,000		common
			PAR VALUE		\$01
11. 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. 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.					
Name of Authorized Representative Julie Sylvestre, President					Date 2/8/17
Signature of Authorized Representative <i>Julie Sylvestre</i>					

FILED
 SIGN DOCUMENT HERE *sv*
FEB 13 2017

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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