



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 000799324		2. Exact name of the Corporation Abator Information Services, Inc.	
3. Principal Office Address 615 South Avenue		City Pittsburgh	State PA
		Zip 15221	
4. NAICS Code 54 - Professional, Scientific, an	6. Brief description of the character of business conducted in Rhode Island PROVIDE INFORMATION TECHNOLOGY CONSULTING SERVICES TO STATE AGENCIES AND STATE PRIME CONTRACTORS		
5. State of Incorporation Pennsylvania			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joanne E. Peterson		Vice-President Name	
Street Address 615 South Avenue		Street Address	
City Pittsburgh	State PA	Zip 15221	
Secretary Name Andrew S. Neilson		Treasurer Name Marian E. Neilson	
Street Address 615 South Avenue		Street Address 615 South Avenue	
City Pittsburgh	State PA	Zip 15221	Zip 1551
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joanne E. Peterson		Director Name Andrew S. Neilson	
Street Address 615 South Avenue		Street Address 615 South Avenue	
City Pittsburgh	State PA	Zip 15221	Zip 15221
Director Name Marian E. Neilson		Director Name	
Street Address 615 South Avenue		Street Address	
City Pittsburgh	State PA	Zip 15221	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	CWP
			PAR VALUE \$1.0000
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 MARIAN E NEILSON		Date 02/15/2017	
Signature of Authorized Representative <i>Marian E Neilson</i>		FILED	

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

BY **31910**
FEB 21 2017
FORM 630 - Revised: 02/2017