



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

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2017 APR -4 AM 10:52

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 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. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island Management Consulting Services			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 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	PAR VALUE
		100		Common	\$0.001
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 Howard Schapiro - President					Date 03/31/17
Signature of Authorized Representative 					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

APR 04 2017

By \$300.00