



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94104		2. Name of Corporation Abacus Management Technologies, Inc.			
3. Street Address Principal Business Office 1210 PONTIAC AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 4014672223		5. State of Incorporation RHODE ISLAND			6. SIC Code 6130
7. Brief Description of the Character of Business Conducted in Rhode Island Research & Development					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. Follick			Vice President Name		
Street Address 22 Emeline Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Joanne L. Fowler			Treasurer Name David K. Ahern		
Street Address 17 Intervale Road			Street Address 38 Middle Highway		
City East Providence	State RI	Zip 02914	City Barrington	State RI	Zip 02806
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael J. Follick			Director Name David K. Ahern		
Street Address 22 Emeline Street			Street Address 38 Middle Highway		
City Providence	State RI	Zip 02906	City Barrington	State RI	Zip 02806
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		700	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



9 4 1 0 4

File Date	1/10/05
Check No.	0007980
By:	WA
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer Michael J. Follick Date 1/7/05  
Print or Type Name of Officer  
**Michael J. Follick**  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 97426		2. Exact name of the limited liability company Abacus Management Technologies, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Health care consulting and cost-control programs & services	
5. Principal office address 1210 PONTIAC AVE		City CRANSTON	State RI Zip 02910
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL J FOLLUCK		Contact Title .	
Street Address 1210 PONTIAC AVENUE		City CRANSTON	State RI Zip 02910
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Michael J. Follick		Manager Name Joanne L. Fowler	
Street Address 1210 Pontiac Avenue		Street Address 1210 Pontiac Avenue	
City Cranston	State RI	Zip 02910	City Cranston State RI Zip 02910
Manager Name David Ahern		Manager Name Augustus E. Adams III & Edward E. Aberger	
Street Address 1210 Pontiac Avenue		Street Address 1210 Pontiac Avenue	
City Cranston	State RI	Zip 02910	City Cranston State RI Zip 02910
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name EDWARD D. FELDSTEIN		Address 10 WEYBOSSET STREET, 8TH FLOOR	
Address		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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File Date	<b>FILED</b>
Check No.	OCT 18 2004
By	By
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person  
Date 10/13/04  
Michael J. Follick  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94104		2. Name of Corporation Abacus Management Technologies, Inc.			
3. Street Address Principal Business Office 1210 PONTIAC AVENUE		City CRANSTON	State RI	Zip 02920	
4. Business Phone No. 4014672223		5. State of Incorporation RHODE ISLAND			6. SIC Code 6130
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE DEVELOPMENT OF RISK MANAGEMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. Follick			Vice President Name		
Street Address 22 Emeline Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Joanne L. Fowler			Treasurer Name David K. Ahern		
Street Address 17 Intervale Road			Street Address 38 Middle Highway		
City East Providence	State RI	Zip 02914	City Barrington	State RI	Zip 02860
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael J. Follick			Director Name David K. Ahern		
Street Address 22 Emeline Street			Street Address 38 Middle Highway		
City Providence	State RI	Zip 02906	City Barrington	State RI	Zip 02806
Director Name Joanne L. Fowler			Director Name		
Street Address 17 Intervale Road			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		700	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date **FILED**  
Check No. **FEB 06 2004**  
By: **CV** **C 19343**  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Michael J. Follick** Date **2-2-04**  
Print or Type Name of Officer  
**Michael J. Follick**  
**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *97426*		2. Exact name of the limited liability company Abacus Management Technologies, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESEARCH AND DEVELOPMENT OF BEHAVIOR BASED SAFETY PROGRAMS.	
5. Principal office address 1210 PONTIAC AVE		City CRANSTON	State RI Zip 02910
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL J FOLLIICK		Contact Title MGR	
Street Address 1210 PONTIAC AVENUE		City CRANSTON	State RI Zip 02910-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name Michael J. Follick		Manager Name Joanne L. Fowler	
Street Address 1210 Pontiac Avenue		Street Address 1210 Pontiac Avenue	
City Cranston	State RI	Zip 02910	City Cranston State RI Zip 02910
Manager Name David Ahern		Manager Name Augustus E. Adams III and Edward W. Aberger	
Street Address 1210 Pontiac Avenue		Street Address 1210 Pontiac Avenue	
City Cranston	State RI	Zip 02910	City Cranston State RI Zip 02910
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name EDWARD D. FELDSTEIN		Address 10 WEYBOSSET STREET, 8TH FLOOR	
Address		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



\* 9 7 4 2 6 \*

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.

Signature of Authorized Person Date 8/27/02  
  
Print or Type Name of Authorized Person

\*\*97426\* 8/23/0210:17:10 AM\*

File Date 9/9/2002

Check No. 5730

By

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94104** 2. Name of Corporation **Abacus Management Technologies, Inc.**

3. Street Address Principal Business Office

1210 Pontiac Avenue

4. Business Phone No.

(401) 467-9001

City

Cranston

State

RI

Zip

02920

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**6130**

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

Develop risk management and evaluation technologies

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Michael J. Follick

Street Address

22 Emeline Street

City

Providence,

State

RI

Zip

02906

Vice President Name

Street Address

City

State

Zip

Secretary Name

Joanne L. Fowler

Street Address

17 Intervale Road

City

East Providence,

State

RI

Zip

02914

Treasurer Name

David K. Ahern

Street Address

38 Middle Highway

City

Barrington,

State

RI

Zip

02806

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Michael J. Follick

Street Address

See Above

City

State

Zip

Director Name

David K. Ahern

Street Address

See Above

City

State

Zip

Director Name

Joanne L. Fowler

Street Address

See Above

City

State

Zip

Director Name

Street Address

City

State

Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

700

Common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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**FILED**

File Date: \_\_\_\_\_

**FEB 07 2001**

Check No.: \_\_\_\_\_

By CC 000 4146

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Michael J. Follick 2/2/01  
Signature of Officer Date

Michael J. Follick  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94104** 2. Name of Corporation **Abacus Risk Management Technologies, Inc.**  
3. Street Address Principal Business Office City State Zip  
**1210 Pontiac Avenue Cranston RI 02920**  
4. Business Phone No. 5. State of Incorporation 6. SIC Code  
**(401) 467-9001 RHODE ISLAND 6130**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Develop risk management and evaluation technologies**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Michael J. Follick</b>	Vice President Name
Street Address <b>22 Emeline Street</b>	Street Address
City State Zip <b>Providence RI 02906</b>	City State Zip
Secretary Name <b>Joanne L. Fowler</b>	Treasurer Name <b>David K. Ahern</b>
Street Address <b>17 Intervale Road</b>	Street Address <b>38 Middle Highway</b>
City State Zip <b>East Providence RI 02914</b>	City State Zip <b>Barrington RI 02806</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Michael J. Follick</b>	Director Name <b>David K. Ahern</b>
Street Address <b>See Above</b>	Street Address <b>See Above</b>
City State Zip	City State Zip
Director Name <b>Joanne L. Fowler</b>	Director Name
Street Address <b>See Above</b>	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>8,000</b>		<b>\$1.00 PAR VALUE</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>700</b>	<b>Common</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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**FILED**

File Date: **JAN 23 2000**

Check No.: **CE 0003232**

By: **Michael J. Follick**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Michael J. Follick** Date **1/21/2000**  
Print or Type Name of Officer **PRESIDENT**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>94104</b>		2. Name of Corporation <b>Abacus Risk Management Technologies, Inc.</b>			
3. Street Address Principal Business Office <b>1210 Pontiac Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>401-467-9001</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>6130</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Develop risk management and evaluation technologies</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
President Name <b>Michael J. Follick</b>			Vice President Name		
Street Address <b>22 Emeline Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name <b>Joanne L. Fowler</b>			Treasurer Name <b>David K. Ahern</b>		
Street Address <b>17 Intervale Road</b>			Street Address <b>38 Middle Highway</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
Director Name <b>Michael J. Follick</b>			Director Name <b>David K. Ahern</b>		
Street Address <b>See Above</b>			Street Address <b>See Above</b>		
City	State	Zip	City	State	Zip
Director Name <b>Joanne L. Fowler</b>			Director Name		
Street Address <b>See Above</b>			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>\$1.00 PAR VALUE</b>		<b>700</b>	<b>Common</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date: **2/22/99**  
Check No.: **0002346**  
By: **91259**  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: **Michael J. Follick** Date: **2/18/99**  
Print or Type Name of Officer: **Michael J. Follick**  
Title of Officer: **President**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>94104</b>		2. Name of Corporation <b>Abacus Risk Management Technologies, Inc.</b>			
3. Street Address Principal Business Office <b>1210 Pontiac Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
4. Business Phone No. <b>401-467-9001</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>6130</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Develop risk management and evaluation technologies</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Michael J. Follick</b>			Vice President Name		
Street Address <b>22 Emeline Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name <b>Joanne L. Fowler</b>			Treasurer Name <b>David K. Ahern</b>		
Street Address <b>17 Intervale Road</b>			Street Address <b>38 Middle Highway</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Michael J. Follick</b>			Director Name <b>David K. Ahern</b>		
Street Address <b>See Above</b>			Street Address <b>See Above</b>		
City	State	Zip	City	State	Zip
Director Name <b>Joanne L. Fowler</b>			Director Name		
Street Address <b>See Above</b>			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>\$1.00 PAR VALUE</b>		<b>700</b>	<b>Common</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 1 0 4 \*

File Date: **2-2-99**  
Check No.: **1130**  
By: **MP**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: **Michael J. Follick** Date: **1-29-99**  
Print or Type Name of Officer: **Michael J. Follick**  
Title of Officer: **President**