

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

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

(FORM MUST BE TYPED IN B				······································			
1. Corporate ID No.	2. Name of Corpor				•		
94104	<u> 1</u>	agement Technolog	·				
3. Street Address Principal Busin			City	State	Zip		
1210 PONTIAC AVENUE			CRANSTON	RI	02920		
4. Business Phone No. 5. State of Incorporation				6. SIC Code			
4014672223		RHODE ISLA	ND		6130		
7. Brief Description of the Chard							
8. NAMES AND ADDRESS President Name	SES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING A	TTACHMENTS		
Michael J. Follick	¢		•				
Street Address			Street Address		•		
22 Emeline Street			•				
City	State	Zip	City	State	Zip		
Providence	RI	02906	•		J 		
Secretary Name			Treasurer Name				
Joanne L. Fowler			David K. Ahern				
Street Address			Street Address	•			
17 Intervale Road			.38 Middle High	way			
City	State	Zip	*City	State	Zip		
East Providence	RI	02914	.Barrington	RI	02806		
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS		
Michael J. Follich	k		David K. Ahern				
Street Address		Street Address	· · · · · · · · · · · · · · · · · · ·	····			
22 Emeline Street			38 Middle Highway				
City	State	Zip	•City	State	Zip		
Providence	RI	02906	Barrington	RI	02806		
Director Name Street Address			Director Name Street Address				
City	State	Zip	,City	State	Zip		
	_						
10. SHARES AUTHORIZI	ED ("X" BOX FOR	ATTACHMENT) 🗆		"X" BOX FOR ATTACHME!	νη Π		
AUTHORIZED SHARES			ISSUED SHARES	T-1	T		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
8,000 \$1.00 PAR VALU	E		700	Common	\$1.00		
This report must be signe	ed in ink by eithe	er the President, Vic	e President, Secretary, Ass	sistant Secretary, Treas	urer, Receiver or Trustee		
	18 S						
9 4 1	0 4	· 	this report, includi	perjury, I declare and affirming any accompanying scheens contained herein are to	dules and statements,		
File Date 1100	5	_	201	Holles	1/7/05		
Check No. 0079	80	_	Signature of Officer Michael J.	//	Date		
$B_{Y'} = A A$			Print or Type Name				
FOR SECRETARY OF STATE	LISE ONLY	-	President				
T. OK SCORESAKT OF STATE	ODE OTTER	l l	Title of Officer		Form 630 12/0		



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

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

FORM MUST BE TYPE							
I. ID No.	2. Exact name of the life						
97426		nent Technologies, LL					
3. State of Formation	4. Brief descrip	otion of the churacter of the b	usiness which is actually conducte	ed in Rhode Island			
RHODE ISLAND	Heal	in care consulting	and cost-control progr	rams & services			
5. Principal office addre	rt .		City	State	Zip		
1210 PONTIAC A	AVE		CRANSTON	RI	02910		
6. MAILING ADDR	ESS OF LIMITED	LIABILITY COMPAN	YAND NAME OR TITLE	OF CONTACT PE	RSON:		
Contact Name			Contact Title				
MICHAEL J FOLI	LICK		•				
Street Address			City	State	Zip		
1210 PONTIAC A	VENUE		. CRANSTON	RI	02910		
7. NAME AND ADD	RESS OF EACH N	IANAGER OF THE L	IMITED LIABILITY CON	IPANY, IF APPLIC	ABLE		
		PACES BEFORE USING		FOR ATTACHMENT)]		
	ANY MODIFICATION	S TO MANAGERS REQUIF	RES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2)	/ 7-16-52		
Manager Name			• Manager Name				
Michael J. Fol	lick		Joanne L. Fow	Joanne L. Fowler			
Street Address			• Street Address	· Sireel Address			
1210 Pontiac A	Avenue		1210 Pontiac	.1210 Pontiac Avenue			
City	State	Zip	*City	State	Zip		
Cranston	RI	02910	Cranston	RI	02910		
Manager Name			Manager Name	'			
David Ahern			Augustus E. Ad	Augustus E. Adams III & Edward E. Aberger			
Street Address	·		·Sireet Address				
1210 Pontiac	Avenue		1210 Pontiac	Avenue			
City	State	Zip	City	State	Zip		
Cranston	RI	02910	Cranston	RI	02910		
8. RESIDENT AGEN	T IN RHODE ISLA	ND -DO NOT ALTER- Cha	anges require filing of	Form 642 - R.I.G.L.	7-16-11		
Agent Name			Address				
EDWARD D. FEL	DSTEIN		10 WEYBOSSET	STREET, 8TH FL	OOR		
Address	· ·		City		Zip		
			PROVIDENCE	ļ	02903		
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				

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



Check No. FOR SECRETARY OF STATE USE 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

Print or Type Name of Authorized Person

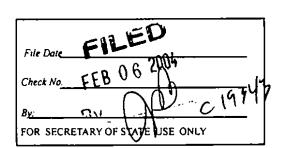


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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			Filing Fee: \$50.00				

. Corporate ID No.	2. Name of Corporat		ina Ina		
94104	1	gement Technologi			· · · · · · · · · · · · · · · · · · ·
3. Street Address Principal Busine	-		City	State	Zip
1210 PONTIAC AVENU	JE		CRANSTON	RI	02920
. Business Phone No.		5. State of Incorporat			6. SIC Coa
4014672223		RHODE ISLAN	ND		6130
Brief Description of the Character Brief Description of the Character IN THE DEV	cter of Business Condu TELOPMENT OF R	cied in Rhode Island ISK MANAGEMENT.			
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
Michael J. Follick	· · · · · · · · · · · · · · · · · · ·		•	· · · · · · · · · · · · · · · · · · ·	
Street Address			Street Address		
22 Emeline Street			•		
City	State	Zip	City	State	Zip
Providence	RI	02906			
ecretary Name			Tréasurer Name		
Joanne L. Fowler			David K. Ahern		
Street Address		Street Address			
17 Intervale Road			.38 Middle Highway		
Ciry	State	Zip	Clry	State	Zip
East Providence	RI	02914	.Barrington	RI	02860
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Director Name		halfa anna a saidhe nean nao nean ann an anna	Director Name		
Michael J. Follick	Ċ		David K. Ahern		
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·	, ,
			38 Middle Highway		
22 Emeline Street				State	Zip
	State	Zip	•Clty		1
22 Emeline Street City Providence	State RI	<i>Zip</i> 02906	*Chy *Barrington	RI	02806
Ciny Providence	State RI	1 '	•	i	I *
City Providence Director Name	.	1 '	Barrington	i	I *
City Providence Director Name Joanne L. Fowler	.	1 '	Barrington Director Name	i	I *
City Providence Director Name Joanne L. Fowler Street Address	.	1 '	Barrington	i	I *
City Providence Director Name Joanne L. Fowler Street Address 17 Intervale Road	.	02906	Barrington Director Name	i	I *
City Providence Director Name Joanne L. Fowler Street Address 17 Intervale Road City	RI	1 '	Barrington Director Name Street Address	RI	02806
City Providence Director Name Joanne L. Fowler Street Address 17 Intervale Road City East Providence	RI State RI	02906 Zip 02914	Barrington Director Name Street Address Lity	RI	02806
City Providence Director Name Joanne L. Fowler Street Address 17 Intervale Road City East Providence 10. SHARES AUTHORIZE	RI State RI	02906 Zip 02914	Barrington *Director Name *Street Address *Lity 11. SHARES ISSUED ("A	RI	02806
City Providence Director Name Joanne L. Fowler Street Address 17 Intervale Road City East Providence 10. SHARES AUTHORIZE AUTHORIZED SHARES	RI State RI ED ("X" BOX FOR A	02906 Zip 02914	Barrington Director Name Street Address Lity	RI	02806
City Providence Director Name Joanne L. Fowler Street Address 17 Intervale Road City East Providence 10. SHARES AUTHORIZE AUTHORIZED SHARES	RI State RI	02906 	Barrington *Director Name *Street Address *Zity **II. SHARES ISSUED ("X	RI State W BOX FOR ATTACHMEN	02806 Zlp T1)
City Providence Director Name Joanne L. Fowler Street Address 17 Intervale Road City East Providence 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares	RI State RI D ("X" BOX FOR A	02906 	Barrington *Director Name *Street Address *Zity **II. SHARES ISSUED ("X	RI State W BOX FOR ATTACHMEN	02806
City Providence Director Name Joanne L. Fowler Street Address 17 Intervale Road City East Providence 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares	RI State RI D ("X" BOX FOR A	02906 	Barrington Director Name Street Address Lity 11. SHARES ISSUED ("X ISSUED SHARES Number of Shares	State State Class/Series	02806 Zlp T1)
City Providence Director Name Joanne L. Fowler Street Address 17 Intervale Road City East Providence 10. SHARES AUTHORIZE	RI State RI D ("X" BOX FOR A	02906 	Barrington Director Name Street Address Lity 11. SHARES ISSUED ("X ISSUED SHARES Number of Shares	State State Class/Series	02806 Zlp T1)



Under penalty of perjury, I declare and a this report, including any accompanying and that all statements contained berein	schedules and statements,	
Molar Holler	2-2-04	<u></u>
Signature of Office	Date	
Michael J/Fóllick		
Print or Type Name of Officer	-	
President		
Title of Officer	Form 6.	30 12/01



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

	<u>'D OR PRINTED IN BLA</u>						
1. ID No. *97426*		2. Exact name of the limited liability company Abacus Management Technologies, LLC					
3. State of Formation	4. Brief descript	ion of the character of the l	business which is actually conducted	in Rhode Island			
RHODE ISLAND	RESEARCH I	AND DEVELOPMENT O	OF BEHAVIOR BASED SAFE	ry programs.			
5. Principal office addre	រេ		Ciry	State	Zip		
1210 PONTIAC A	AVE		CRANSTON	RI	02910		
6. MAILING ADDR	ESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT	PERSON:		
Contact Name			Contact Title				
MICHAEL J FOLI	LICK		.MGR				
Street Address			City	State	Zip		
1210 PONTIAC A	VENUE		. CRANSTON	RI	02910-		
7. NAME AND ADD	FILL IN SP	ACES BEFORE USING	IMITED LIABILITY COM ATTACHMENTS ("X" BOX I RES FILING OF AMENDMENT.	FOR ATTACIIMENT	,		
Manager Name	•		•Manager Name	•Manager Name			
Michael J. Fol	lick		Joanne L. Fowl	Joanne L. Fowler			
Sircei Address			· Sireet Address	· Sireet Address			
1210 Pontiac A	venue		.1210 Pontiac A	. 1210 Pontiac Avenue			
City	State .	Zip	*City	- State	Z _I p		
Cranston	RI	02910	Cranston	RI	02910		
Manager Name			Manager Name				
David Ahern			Augustus E. Ad	Augustus E. Adams III and Edward W. Aberger			
Street Address			·Street Address				
1210 Pontiac			1210 Pontiac A	venue			
City	State	Zip	"Cîry	State	Zip		
Cranston	RI	02910	'Cranston	RI	02910		
	T IN RHODE ISLAN	D-DO NOT ALTER- Ch	anges require filing of F	orm 642 - R.I.G.	<u>L. 7-16-11</u>		
Agent Name			Address				
EDWARD D. FELDSTEIN			10 WEYBOSSET S	TREET, 8TH	FLOOR		
Address			City		Zip		
			PROVIDÊNCE	PROVIDENCE			
			•				

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

•		2	*

**97426* 8/23	3/0210:17:10 AM*
File Date	99/2002
Check No.	5720
By:	SB
FOR SECRETAR	Y 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.

Form 632 Rev. 6/02

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

(FORM MUST BE TYPED IN BLACK)

FILED

FEB 07 2001

FOR SECRETARY OF STATE USE ONLY

File Date:

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

1. Corporate ID No. 94104	2. Name of Corpora Abacus No	_{ition} anagement Technolo	gies, Inc.	· ··•		
3. Street Address Principal Business (Office		City	State	Zip	
1210 Pontiac Avenue 4. Business Phone No. (401) 467-9001		5. State of Incorporation RHODE ISLAND	Cranston	RI	02920 ^{6.} 8130	
7. Brief Description of the Character Develop risk manageme						
8. NAMES AND ADDRESS President Name	SES OF THE OFF	ICERS (*X* BOX FOR ATTACHN	AENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS	
Michael J. Follick Street Address			Street Address			
22 Emeline Street						
City	State	Zip	Cliy	State	Zip	
Providence, Secretary Name Joanne L. Fowler Street Address 17 Intervale Road	RI	02906	David K. Ahern Street Address 38 Middle Highway		•	
Cuy East Providence,	State RI	Zip 02914	City Barrington,	State RI	Zip 02806	
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES Director Name	BEFORE USING AT	rachments'	
Michael J. Follick Street Address			David K. Ahern Street Address			
See Above			Sec ABove			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Joanne L. Fowler Street Address			Street Address			
See ABove	State	Zip	City	State	Zip	
10. SHARES AUTHORIZEI	O ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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	
			į t			
This report must be signe	ed in ink by eit	her the President, Vice Pr	esident, Secretary, Assis	tant Secretary, Trea	surer, Receiver or Trust	
* 9	4 1 0 4	 *	Under penalty of perj	ury, I declare and affi	rm that I have examined	

Form 630 12/00

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

16 /lick

Signature of Officer

Title of Officer

Michal Print or Type Name of Officer



FOR SECRETARY OF STATE USE ONLY

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. 2. Name of Corporation 94104 Abacus Risk Management Technologies, Inc. 3. Street Address Principal Business Office 02920 1210 Pontiac Avenue Cranston RI 6. SIC Code 4. Business Phone No. . 5. State of Incorporation (401) 467-9001 6130 RHODE ISLAND 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 Vice President Name President Name Michael J. Follick Street Address Street Address 22 Emeline Street RI 02906 Providence Secretary Name David K. Ahern Joanne L. Fowler Street Address Street Address ·38 Middle Highway 17 Intervale Road Zip City State Barrington RI 02806 East Providence RI02914 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS : Director Name Director Name David K. Ahern Michael J. Follick Street Address Street Address See Above See Above City State Director Name Joanne L. Fowler Street Address Street Address See Above Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series 8,000 \$1.00 PAR VALUE Common \$1.00 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and contained herein are



Check No.:

FOR SECRETARY OF STATE USE ONLY $\ell^{-\frac{1}{2}}$

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

STOP PLEASE READ

Filing Period: Januar	ry 1-March 1 •	Filing Fee: \$50.00			INSTRUCTIONS	
(FORM MUST BE TYPED IN BL	LACK)			•		
1. Corporate ID No. 94104		2. Name of Corporation Abacus Risk Management Technologies, inc.				
3. Street Address Principal Business Office			City	State	Zip 75	
1210 Pontiac Ave	nue		Cranston	RI	02920	
4. Business Phone No. S. State of Incorporation					6. SIC Code	
401-467-9001 RHODE ISLA			VD		6130	
7. Brief Description of the Charac			_		•	
Develop risk man	<u>-</u>					
		ICERS ("X" BOX FOR ATTA		S BEFORE USING ATTACH	IMENTS .	
President Name Michael J. Folli	.ck		Vice President Name	•		
Styl Address line Stree	t		Street Address			
Providence	State RI	^{Zip} 02906	City	State	Zip :	
Secretary Name			Treasurer Name			
Joanne L. Fowler	•		David K. Aher	n	ŧ	
Street Address		 	Street Address	······································		
17 Intervale Roa	id .		38 Middle: Hig	hway		
City	State	Zip *	City	State	Zip +	
East Providence	RI	02914	Barrington	RI	02806 .	
Director Name		ECTORS ("X" BOX FOR AT	Director Name	CES BEFORE USING ATTA	CHMENTS ? 2 127	
Michael J. Folli	.ck	<u> </u>	David K. Aher	<u>'n</u>	4 '	
Street Address See Above	•		Street Address See Above			
City	State	Zip	: City	State	Zip	
-	3.2.0	~~	G,			
Director Name			: Director Name			
Joanne L. Fowler	•				•	
Street Address See Above			Street Address			
City	State	Zip	City	State	Zip	
· · · · · ·		-	-		•	
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	III	
AUTHORIZZED SHARES		***************************************	ESSUELD SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 \$1.00 PAR V	ALUE 1		700	Common	\$1.00	
··						
This report must be sig	ned in ink by eit	her the President, Vice	President, Secretary, A	ssistant Secretary, Treasu	rer, Receiver or Trustee	
1111		1111 1111 .			* * *	
			•			
· · · · · · · · · · · · · · · · · · ·	9 4 1 0	=1=11==1 4 ★	Under penalty of	perjury, I declare and affirm	that I have examined	
				ding any accompanying sche	_	
				s contained herely are true a		
File Date: 22	99	·	Will	<u> </u>	2/18/99	



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

(FORM MUST BE TYPED IN BLA	cki						
1. Corporate ID No.	2. Name of Corpo						
94104		sk Management Tec					
3. Street Address Principal Business		•	City	State	Zip		
1210 Pontiac Ave	nue		Cranston	RI	02920		
4. Business Phone No.		5. State of Incorporat			6. SIC Code		
401-467-9001 RHODE ISL			AND		6130		
7. Brief Description of the Character							
Develop_risk_mar	nagement and	evaluation tec	hnologies				
8. NAMES AND ADDRES	SES OF THE OF	FICERS ("X" BOX FOR AT	TACHMENT)				
President Name			Vice President Name	•			
Michael J. Follio	ck			·			
Street Address			Street Address				
22 Emeline Street	t		<u> </u>				
City	State	Zip	City	State	Zip		
Providence	, RI	02906	.				
Secretary Name	• • • • • • • • • • • • • • • • • • • •		Treasurer Name				
Joanne L. Fowler	•		David K. Ahern				
Street Address			Street Address				
17 Intervale Road	d.		38 Middle Highw	vay	•		
City	State	Zip	City	State	l 21p		
East Providence	RI	02914	Barrington	RI	_. 02806		
9. NAMES AND ADDRES	SES OF THE DI	RECTORS ("X" BOX FOR	ATTACHMENT)				
Director Name			Director Name				
Michael J. Follio	ck		David K. Ahern				
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·			
See Above			See Above	•			
City	State	Zip	City	State	Zip		
				· .			
Director Name	• • • • • • • • • • • • • • • • • • • •		Director Name	• • • • • • • • • • • • • • • • • • • •			
Joanne L. Fowler	r		•				
Street Address			: Street Address				
See Above			:				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZE	D ("X" BOX FOR A	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT.			
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
	-						
8,000 \$1.00 PAR VAI	LUE		700	Common	\$1.00		
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File Date:	1130 .	1
Ву:	W	7
FOR SECRETA	RY 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.