RI SOS Filing Number: 201858907660 Date: 2/20/2018 4:00:00 PM

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

Annual Report for the year: 2018
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	2. Exact name of the Corporation
98948	COMPREHENSIVE PRACTICE MANAGEMENT SERVICES, INC.

3. Principal Office Address	City	State	Zip
37 THURBER BLVD., SUITE 105	SMITHFIELD	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541219	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 ☐

President Name	Street Address	City	State	Zip
JULIE SYLVESTRE	37 THURBER BLVD., SUITE 105	SMITHFIELD	RI	02917

Vice-President Name	Street Address	City	State	Zip
JULIE SYLVESTRE	37 THURBER BLVD., SUITE 105	SMITHFIELD	RI	02917

Secretary Name	Street Address	City	State	Zip
JULIE SYLVESTRE	37 THURBER BLVD., SUITE 105	SMITHFIELD	RI	02917

Treasurer Name	Street Address	City	State	Zip
JULIE SYLVESTRE	37 THURBER BLVD., SUITE 105	SMITHFIELD	RI	02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
JULIE SYLVESTRE	37 THURBER BLVD., SUITE 105	SMITHFIELD	RI	02917

Director Name	Street Address	City	State	Zip
-				

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	COMMON	$.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 — Date: 2/14/18

Signature of Authorized Representative: Julie Sylvestre

FILED
FEB 20 2018
BY

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

FORM 630 - Revised: 10/2017