



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 98948		2. Exact name of the Corporation COMPREHENSIVE PRACTICE MANAGEMENT SERVICES, INC.			
3. Principal Office Address 37 THURBER BLVD., SUITE 105		City SMITHFIELD		State RI	Zip 02917
4. NAICS Code 541219		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name JULIE SYLVESTRE			Vice-President Name JULIE SYLVESTRE		
Street Address 37 THURBER BLVD., SUITE 105			Street Address 37 THURBER BLVD., SUITE 105		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name JULIE SYLVESTRE			Treasurer Name JULIE SYLVESTRE		
Street Address 37 THURBER BLVD., SUITE 105			Street Address 37 THURBER BLVD., SUITE 105		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JULIE SYLVESTRE			Director Name -		
Street Address 37 THURBER BLVD., SUITE 105			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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 1026

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

FORM 630 - Revised: 10/2017