



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

STAMP

Annual Report for the year: 2019
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 154591		2. Exact name of the Corporation AMERISOFT, INC.			
3. Principal Office Address 85 Industrial Circle, Suite 2105			City Lincoln	State RI	Zip 02865
4 NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island To develop, acquire, own, manage, run and operate software			
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 Barbara McAuley			Vice-President Name William A. McAuley		
Street Address 85 Industrial Circle, Suite 2105			Street Address 85 Industrial Circle, Suite 2105		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Barbara McAuley William A. McAuley-Asst. Sec.			Treasurer Name Barbara McAuley William A. McAuley-Asst. Sec.		
Street Address 85 Industrial Circle, Suite 2105			Street Address 85 Industrial Circle, Suite 2105		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	
		800		Common	
				PAR VALUE	
				No Par Value	
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. <i>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.</i>					
Name of Authorized Representative Barbara McAuley, President					Date 1/22/19
Signature of Authorized Representative <i>Barbara McAuley</i>			SIGN DOCUMENT HERE		

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

FILED

JAN 30 2019

FORM 630 - Revised: 10/2017

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