

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED 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. **(401) 467-2223** 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				Vice President Name			
Michael J. Follick							
Street Address				Street Address			
22 Emeline Street							
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				38 Middle Highway			
City	State	Zip		City	State	Zip	
East Providence	RI	02914		Barrington	RI	02806	

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

Director Name				Director Name			
Michael J. Follick				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				Director Name			
Joanne L. Fowler							
Street Address				Street Address			
17 Intervale Road							
City	State	Zip		City	State	Zip	
East Providence	RI	02914					

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

AUTHORIZED SHARES	Class/Series	Par Value
8,000	\$1.00 PAR VALUE	

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

ISSUED 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



File Date: 2-11-03
Check No.: 006145
By: KWC
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 2/14/03
Signature of Officer Date
Michael J. Follick
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
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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. **(401)467-9001 222-3** 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	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) FILL IN SPACES BEFORE USING ATTACHMENTS

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



* 9 4 1 0 4 *

File Date: 1/16/2002
Check No.: 5057
By: [Signature]
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: [Signature] Date: 1-15-02
Michael J. Follick
Print or Type Name of Officer
President