



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000646990

2. Name of Corporation The MGH Institute of Health Professions, Inc.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 10 WEYBOSSET STREET

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: CHARLESTOWN NAVY YARD

36 FIRST AVE

City or Town: BOSTON State: MA Zip: 02129 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

EMPLOY REMOTELY RHODE ISLAND RESIDENTS TO PERFORM TECHNICAL AND DATA PROCESSING SUPPORT SERVICES FROM THEIR RESIDENCES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JANIS P. BELLACK	CHARLESTOWN NAVY YARD, 36 FIRST AVE BOSTON, MA 02129 USA
TREASURER	CINDY L. AIENA	CHARLESTOWN NAVY YARD, 36 FIRST AVE BOSTON, MA 02129 USA
SECRETARY	JUDI S. GREENBERG	CHARLESTOWN NAVY YARD, 36 FIRST AVE BOSTON, MA 02129 USA
DIRECTOR	JANIS P. BELLACK	CHARLESTOWN NAVY YARD, 36 FIRST AVE

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 5 Day of June, 2014 at 1:04:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JUDI S. GREENBERG
Signature of Authorized Person

Form No. 631
Revised 09/07