



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

**Non-Profit Corporation  
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.** 000135686

**2. Name of Corporation** Voice Health Institute

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: ONE BOWDOIN SQUARE, BOX 9

City or Town: BOSTON, MA

State: RI Zip: 02114 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

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

FURTHERING RESEARCH, CLINICAL PRACTICE AND EDUCATION IN LARYNGOLOGY,  
VOICE DISORDERS AND RELATED DISCIPLINES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name	Address
PRESIDENT	JOHN L. WARD, PH.D.	ONE BOWDOIN SQUARE, BOX 9 BOSTON, MA 02114 USA
TREASURER	JAMES RADTKE	ONE BOWDOIN SQUARE, BOX 9 BOSTON, MA 02114 USA

SECRETARY	RICHARD W. NEUMANN	ONE BOWDOIN SQUARE, BOX 9 BOSTON, MA 02114 USA
VICE PRESIDENT	BARRY MERKIN	ONE BOWDOIN SQUARE, BOX 9 BOSTON, MA 02114 USA
DIRECTOR	ROGER EGAN	ONE BOWDOIN SQUARE, BOX 9 BOSTON, MA 02114 USA
DIRECTOR	GERALD MCAVOY	ONE BOWDOIN SQUARE, BOX 9 BOSTON, MA 02114 USA
DIRECTOR	SCOTT SOLOMBRINO	ONE BOWDOIN SQUARE, BOX 9 BOSTON, MA 02114 USA
DIRECTOR	JOHN SIREK	ONE BOWDOIN SQUARE, BOX 9 BOSTON, MA 02114 USA

**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**

NATIONAL REGISTERED AGENTS, INC. 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 18 Day of June, 2014 at 11:13:53 AM 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 ELLEN SHEEHY  
Signature of Authorized Person

Form No. 631  
Revised 09/07