RI SOS Filing Number: 201441823900 Date: 06/23/2014 1:29 PM

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. 000183298

2. Name of Corporation Association of American Medical Colleges

3. State of Incorporation

State: IL

4. Corporate Address in Rhode Island

No. and Street: 222 JEFFERSON BOULEVARD
SUITE 200
City or Town: WARWICK State: RI Zip: 02888 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 655 K STREET, NW
SUITE 100
City or Town: WASHINGTON State: DC Zip: 20001 Country:

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

THE ADVANCEMENT OF MEDICAL EDUCATION AND COOPERATION WITH ALL EDUCATIONAL PROGRAMS THAT ARE IMPORTANT TO THE NATIONS HEALTH

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
CFO	BERNARD JARVIS	655 K STREET, NW WASHINGTON, DE 20001 USA
DIRECTOR	LORIS BETZ	7680 BASE LAKE DRIVE DEXTER, MI 48130 USA
DIRECTOR	PETER L SLAVIN	55 FRUIT STREET BOSTON, MA 02114 USA

0-7299-0

DIRECTOR	VALERIE N WILLIAMS	1000 STANTON L YOUNG BLVD OKLAHOMA CITY, OK 73117 USA
DIRECTOR	DARRELL G KIRCH MD	655 K STREET, NW WASHINGTON, DC 20001 USA
PRESIDENT	DARRELL G KIRCH MD	655 K STREET, NW WASHINGTON, DC 20001 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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 23 Day of June, 2014 at 1:30:54 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 DARRELL G KIRCH MD
Signature of Authorized Person

Form No. 631
Revised 09/07