

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Émail: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAIL	.URE TO FILE 1	THIS REPORT BY J	ULY 30 WILL RE	ESULT IN A \$25.00	PENALTY	·EE.	
1. Entity ID No.	2. Exact name of the Corporation						
714684	Institute for Health Quality and Ethics						
State of Incorporation	4. Brief description	on of the character of b	siness conducted in Rhode Island				
RI	resea	irch					
5. Principal office address 75 Sprague Hill Rd			CityChepa	echet	State	Zip 02814	
6 LIST ALL OFFICERS (NAME	S AND ADDRESS	SES) ("X" BOX FOR AT					
President Name Julie Marron			Vice-President Name Thomas Nerney				
Street Address 75 Sprague Hill Rd			Street Address 87 Oak St.  City Wake field State Zip				
Chepachet	State RI	02814	City Wak	efield	State RI	Zip	
Secretary Name Thomas	Nerney		Treasurer Name	lie Marro	Й		
Street Address 87 Oak			Street Address	Spraque	Hill.	Rd	
City Wake field	State $RI$	Zip	City Che	pachet	State KI	Zip 02814	
7. LIST ALL DIRECTORS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRES	SES), RHODE ISLAN		ide e de la compa		HREE (3) DIRECTORS	
Director Name Thomas Nerney			Director Name Julie Marron				
Street Address 8 7 Oak St.			Street Address 75 Sprague Hill Rd City Chemochet State Zin				
City Wake field	State $RI$	Zip	Wate	he packet	State	Zip 02814/	
Director Name  Jim Con roy				Bowen			
Street Address 426-B Dar	by Rd		Street Address	Oak St.			
City Havertown	State PA	Zip	City Wake	field	State	Zip	
8 REGISTERED AGENT IN RHO			arajangenir ngang dia				
This information is currently of							
This report must be signed by eith or Trustee	er the President, \	Vice-President, Secreta	ry, Assistant Secre	etary, Treasurer, duly	Authorized Re	presentative, Receiver	

File Date Check No	2.05pm FILED MAY 04 2015	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.			
SOY 2 NO TO AVA THE USE ONLY BY.  ALC SHOLLY LOCATED SECRETARY OF STATE USE ONLY BY.  ALC SHOLLY LOCATED SECRETARY OF STATE USE ONLY BY.	248227 KM	Signature of Officer or Authorized Representative Date  Julic Marron  Print or Type Name of Officer or Authorized Representative	_		