RI SOS Filing Number: 201562045890 Date: 05/30/2015 11:36 AM

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

No Fee

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

Domestic Non-Profit Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000951837

2. Name of Corporation Patient Voice Institute

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 5700 POST ROAD
City or Town: EAST GREENWICH State: RI Zip: 02818 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

TO PROVIDE EDUCATION AND TRAINING TO THE GENERAL PUBLIC TO MAKE PATIENT OR CONSUMER ENGAGEMENT IN HEALTHCATE A VALUABLE AND EFFECTIVE ASSET, NOT A CHALLENGING PROBLEM

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PATRICIA MASTORS	130 HALLVILLE RD. EXETER, RI 02822 USA
TREASURER	EMILY HENRY	1942 ALTURE DR. CONCORD, CA 94519 USA

SECRETARY	DIANE STOLLENWERK	3957 CLOVERHILL RD BALTIMORE, MD 21218 USA
DIRECTOR	PATRICIA MASTORS	130 HALLVILLE ROAD EXETER, RI 02822 USA
DIRECTOR	DIANE STOLLENWERK	3957 CLOVERHILL ROAD BALTIMORE, MD 21218 USA
DIRECTOR	EMILY HENRY	1942 ALTURA DRIVE CONCORD, CA 94519 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

PATRICIA MASTORS 130 HALLVILLE ROAD EXETER , RI 02822

Signed this 30 Day of May, 2015 at 11:36:29 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 PATRICIA MASTORS
Signature of Authorized Person

Form No. 631
Revised 09/07

State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

May 30, 2015 11:36 AM

Nellie M. Gorbea
Secretary of State

0-8033-0