



**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: 2016

1. Corporate ID No. 001335220

2. Name of Corporation Powered for Patients, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 5600 POST ROAD, SUIT 114

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

SAFEGUARD BACKUP POWER AND EXPEDITE POWER RESTORATION FOR CRITICAL INFRASTRUCTURE THROUGH EDUCATION, RESEARCH AND OUTREACH AND FACILITATION OF STAKEHOLDER ENGAGEMENT AND PROBLEM SOLVING.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
INCORPORATOR	ERIC COTE	63 MAPLEWOOD DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	ERIC J COTE	63 MAPLEWOOD DRIVE

		EAST GREENWICH, R 02818 USA
DIRECTOR	STEPHEN EVANGELISTA	278 SLEEPY HOLLOW FARM ROAD WARWICK, RI 02886 USA
DIRECTOR	MEHDI MOUTAHIR	14 BELAIR AVENUE PROVIDENCE, RI 02906 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**

ERIC J. COTE 5600 POST ROAD, SUITE 114 EAST GREENWICH , RI 02818

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

Signed this 27 Day of May, 2016 at 1:18:20 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 ERIC J. COTE
Signature of Authorized Person

Form No. 631
Revised 09/07

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