



**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:** 2017

**1. Corporate ID No.** 000951837

**2. Name of Corporation** Patients' View Institute

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813212

**4. Corporate Address in Rhode Island**

No. and Street: 130 HALLVILLE RD.  
City or Town: EXETER State: RI Zip: 02822 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 HEALTHCARE 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**Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> 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
OTHER OFFICER	PATRICIA MASTORS	
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
DIRECTOR	MIGUEL PANIAGUA MD	3750 MARKET ST. PHILADELPHIA, PA 19104 USA
DIRECTOR	PATRICIA SKOLNIK	5226 EAST WEAVER AVE. CENTENNIAL, CO 80121 USA
DIRECTOR	CAROL CRONIN	19 MAYO AVE. ANNAPOLIS, MD 21403 USA
DIRECTOR	SUSAN FRAMPTON	130 DIVISION ST. DERBY, CT 06418 USA
DIRECTOR	SEVAN BAGHDASARIAN	118 NORTH MAIN ST. PROVIDENCE, RI 02903 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

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

**Signed this 5 Day of September, 2017 at 8:29:36 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

