



**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:** 2020

**1. Corporate ID No.** 000135686

**2. Name of Corporation** Voice Health 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

6

813212

**4. Corporate Address in Rhode Island**

No. and Street: ONE BOWDOIN SQUARE, 11TH FLOOR

City or Town: BOSTON, MA

State: RI Zip: 02114 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: ONE BOWDOIN SQUARE

11TH FLOOR

City or Town: BOSTON State: MA Zip: 02114 Country: US

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

FURTHERING RESEARCH, CLINICAL PRACTICE AND EDUCATION IN LARYNGOLOGY,  
VOICE DISORDERS AND RELATED DISCIPLINES

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PRESIDENT    | JOHN E. LICHTENSTEIN                                  | ONE BOWDOIN SQ.,FL 11<br>BOSTON, MA 02114 USA                     |
| TREASURER    | JAMES RADTKE  | ONE BOWDOIN SQUARE, FL 11<br>BOSTON, MA 02114 USA                 |
| SECRETARY    | RANDY KNOPP   | ONE BOWDOIN SQ, FL 11<br>BOSTON, MA 02114 USA                     |
| DIRECTOR     | JOHN L. WARD PH.D.                                    | ONE BOWDOIN SQUARE, FL 11<br>BOSTON, MA 02114 USA                 |
| DIRECTOR     | SCOTT SOLOMBRINO                                      | ONE BOWDOIN SQUARE, FL 11<br>BOSTON, MA 02114 USA                 |
| DIRECTOR     | LEONARD HARLAN  | ONE BOWDOIN SQUARE, FL 11<br>BOSTON, MA 02114 USA                 |
| DIRECTOR     | ALEX PINCHEV  | ONE BOWDOIN SQUARE, FL 11<br>BOSTON, MA 02114 USA                 |
| DIRECTOR     | STEVEN FITZPATRICK                                    | ONE BOWDOIN SQ, FL 11<br>BOSTON, MA 02114 USA                     |
| DIRECTOR     | TOME ANDRADE  | ONE BOWDOIN SQ, FL 11<br>BOSTON, MA 02114 USA                     |
| DIRECTOR     | ROGER A EGAN JR                                       | ONE BOWDOIN SQ., FL 11<br>BOSTON, MA 02114 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**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 30 Day of June, 2020 at 9:15:04 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 JAMES RADTKE  
Signature of Authorized Person

Form No. 631  
Revised 09/07