State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State			
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: <u>RI</u>			
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 <u>click here.</u>			
NAICS Code 6			
4. Corporate Address in Rhode Island			
No. and Street:ONE BOWDOIN SQUARE, 11TH FLOORCity or Town:BOSTON, MAState:RIZip:02114Country:USA			
5. Foreign Corporation. Enter Principal Office Address			
No. and Street: ONE BOWDOIN SQUARE <u>11TH FLOOR</u>			
City or Town: <u>BOSTON</u> State: <u>MA</u> Zip: <u>02114</u> Country: <u>US</u>			
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island			
FURTHERING RESEARCH, CLINICAL PRACTICE AND EDCUATION 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete			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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN E. LICHTENSTEIN	ONE BOWDOIN SQ.,FL 11 BOSTON, MA 02114 USA
TREASURER	JAMES RADTKE	ONE BOWDOIN SQUARE, FL 11 BOSTON, MA 02114 USA
SECRETARY	RANDY KNOPP	ONE BOWDOIN SQ, FL 11 BOSTON, MA 02114 USA
DIRECTOR	JOHN L. WARD PH.D.	ONE BOWDOIN SQUARE, FL 11 BOSTON, MA 02114 USA
DIRECTOR	SCOTT SOLOMBRINO	ONE BOWDOIN SQUARE, FL 11 BOSTON, MA 02114 USA
DIRECTOR	LEONARD HARLAN	ONE BOWDOIN SQUARE, FL 11 BOSTON, MA 02114 USA
DIRECTOR	ALEX PINCHEV	ONE BOWDOIN SQUARE, FL 11 BOSTON, MA 02114 USA
DIRECTOR	STEVEN FITZPATRICK	ONE BOWDOIN SQ, FL 11 BOSTON, MA 02114 USA
DIRECTOR	TOME ANDRADE	ONE BOWDOIN SQ, FL 11 BOSTON, MA 02114 USA
DIRECTOR	ROGER A EGAN JR	ONE BOWDOIN SQ., FL 11 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 <u>JAMES RADTKE</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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