



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|---|-------------|--|-------------------------------------|--------------|---------------|
| 1. Corporate ID No. 135686 | | 2. Name of Corporation The Institute of Laryngology and Voice Restoration | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address | | City | Zip |
| 5. Foreign corporation: Enter principal office address ONE BOWDOIN SQUARE, 11TH FLOOR | | | City BOSTON | State MA | Zip 02114- |
| 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name John L. Ward | | | Vice President Name Barry Merkin | | |
| Street Address 111 Forest Avenue | | | Street Address 1555 Astor Street | | |
| City Evanston | State IL | Zip 60202 | City Chicago | State IL | Zip 60610 |
| Secretary Name Paki Papaioanu | | | Treasurer Name Eric Stromquist | | |
| Street Address 411A Highland Avenue, Suite 401 | | | Street Address 638 Bay Road | | |
| City Somerville | State MA | Zip 02114 | City Hamilton | State MA | Zip 01936 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 | | | | | |
| Director Name Charles Brown | | | Director Name John L. Ward | | |
| Street Address 315 East 70th Street, Apt. 5G | | | Street Address 111 Forest Avenue | | |
| City New York | State NY | Zip 10021 | City Evanston | State IL | Zip 60202 |
| Director Name Barry Merkin | | | Director Name Eric Stromquist | | |
| Street Address 111 Forest Avenue | | | Street Address 638 Bay Road | | |
| City Evanston | State IL | Zip 60202 | City Hamilton | State MA | Zip 01936 |
| 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 | | | | | |
| Agent Name Norman G. Orodenker | | | Address | | |
| Address 10 Weybosset Street | | | City Providence | Zip 02903 | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 5 6 8 6

135686 DNP 05/31/05 11:40:28 AM

File Date 6/18/05

Check No. 62448

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 5/31/05
Signature of Officer Date
Norman G. Orodenker
Print or Type Name of Officer
Assistant Secretary
Title of Officer

2015 annual

Additional Names to: The Institute of Laryngology and Voice Restoration
Corporate ID No. 135686

Assistant Secretary

Norman G. Orodincker
10 Weybosset Street
Providence, RI 02903

Directors:

Paki Papaioanu
411A Highland Avenue, Suite 401
Somerville, MA 02114

Elayn Byron
One Bowdoin Square, 11th Floor
Boston, MA 02114

John A. Webster
194 Simon Willard Road
Concord, MA 01742



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 135686
 2. Name of Corporation The Institute of Laryngology and Voice Restoration
 3. State of Incorporation RHODE ISLAND
 4. Corporate address in Rhode Island -Street Address 10 Weybosset Street
 City Providence Zip 02903
 5. Foreign corporation: Enter principal office address City State Zip

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 ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| President Name Steven Zeitels Street Address 166 Beacon Street, #3 City State Zip Boston MA 02116 | Vice President Name Barry Merkin Street Address Kellogg School of Management, 2001 Sheridan Rd City State Zip Evanston IL 60208 |
| Secretary Name Paki Papaioanu Street Address 411A Highland Avenue, Suite 401 City State Zip Somerville MA 02144 | Treasurer Name John L. Ward Street Address Kellogg School of Management, 2001 Sheridan Rd City State Zip Evanston IL 60208 |

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
 THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

| | |
|--|---|
| Director Name Charles Brown Street Address 315 East 70th Street, Apt. 5G City State Zip New York NY 10021 | Director Name William Downing Street Address 738 Market Street City State Zip Akron OH 44303 |
| Director Name Barry Merkin Street Address Kellogg School of Management, 2001 Sheridan Rd City State Zip Evanston IL 60208 | Director Name Paki Papaioanu Street Address 411A Highland Avenue, Suite 401 City State Zip Evanston IL 60208 |

9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.G.L. 7-6-13/7-6-78

Agent Name Norman G. Orodenker
 Address 10 Weybosset Street
 City Providence Zip 02903

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



135686 DNP 06/24/04 02:21:14 PM
 File Date 6/30/04
 Check No. 58924 M 36259
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]
 Signature of Officer Norman G. Orodenker Date 6/24/04
 Print or Type Name of Officer
 Assistant Secretary
 Title of Officer