RI SOS Filing Number: 202197220230 Date: 5/26/2021 12:44:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2014

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAY 26 P 12:43

1. Entity ID Number	2. Exact name of the Corporation
000505878	The Risk Management and Patient Safety Institute, Inc.

3. Principal Office Address	City	State	Zip
3100 West Road, Bldg. 1, Suite 200	East Lansing	MI	48823

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
611699	To provide the healthcare industry with risk management and educational services.
5. State of Incorporation	
Michigan	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

	President	Vice-President	Secretary	Treasurer
Name	Gregg L. Hanson	Tara R. Gibson	Richard G. Hayes	Richard G. Hayes
Street Address	One Financial Center, 13th Floor	One Financial Center, 13th Floor	One Financial Center, 13th Floor	One Financial Center, 13th Floor
City	Boston	Boston	Boston	Boston
State	MA	MA	MA	MA
Zip	02111	02111	02111	02111

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director	Director	Director	Director
Name	Gregg L. Hanson	Richard G. Hayes		
Street Address	One Financial Center, 13th Floor	One Financial Center, 13th Floor		
City	Boston	Boston		
State	MA	MA		
Zip	02111	02111		

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Common	0.00

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
Erin B. Bagley FILED	05/24/2021

Signature of Authorized Representative

Erin B. Bagley

MAY 26 2021 PZC9X 12:44

BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020

000505878 **The Risk Management Patient and Safety Institute, Inc.**

Officers:

1. Amy T. Irish, Assistant Treasurer, Vice President & Controller
    a. 3100 West Road, Bldg. 1, Suite 200, East Lansing, MI 48823

2. Mary L. Ursul, Senior Vice President
    a. 3100 West Road, Bldg. 1, Suite 200, East Lansing, MI 48823