

No. C 199726		Due no later than Sep 30, 2016 <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  RISK MANAGEMENT AND PATIENT SAFETY INSTITUTE, INC. (THE) SALOME MASUDI 3100 WEST ROAD BLDG 1, STE. 200 EAST LANSING MI 48823 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	GREGG L HANSON	ONE FINANCIAL CENTER 13TH FLOOR	BOSTON	MA	USA	02111	
VICE PRESIDENT	TARA R GIBSON	ONE FINANCIAL CENTER 13TH FLOOR	BOSTON	MA	USA	02111	
SECRETARY	MARY L URSUL	3100 WEST ROAD BLDG. 1 STE. 200	EAST LANSING	MI	USA	48823	
TREASURER	JOSEPH G MURPHY	ONE FINANCIAL CENTER 13TH FLOOR	BOSTON	MA	USA	02111	
5. Organized Under the Laws of:  <b>MI C 199726</b>		6. Annual Report must be signed.*  Signature: Salome Masudi Name (type or print): Salome Masudi		Date: 08/30/2016 Title: Regulatory Analyst			
Processed 08/30/2016		* Electronically provided signatures are accepted as original signatures.					