



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000105099		2. Name of Corporation Asthma & Allergy Physicians of Rhode Island, Inc.			
3. Street Address Principal Business Office 1056 Hope Street			City Providence	State Rhode Island	Zip 02906
4. Business Phone No. 401-751-1235		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Medical practice specializing in asthma, allergy and immunology					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John F. Zwetchkenbaum			Vice President Name John F. Zwetchkenbaum		
Street Address 1056 Hope Street			Street Address 1056 Hope Street		
City Providence	State Rhode Island	Zip 02906	City Providence	State Rhode Island	Zip 02906
Secretary Name John F. Zwetchkenbaum			Treasurer Name John F. Zwetchkenbaum		
Street Address 1056 Hope Street			Street Address 1056 Hope Street		
City Providence	State Rhode Island	Zip 02906	City Providence	State Rhode Island	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John F. Zwetchkenbaum			Director Name		
Street Address 1056 Hope Street			Street Address		
City Providence	State Rhode Island	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100.00	Class/Series CWP	Par Value \$0.0100

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.

FILED

File Date _____
Check No. **FEB 10 2010**
By: *[Signature]*
FOR SECRETARY OF STATE USE ONLY

RECEIVED
CORPORATIONS DIV
SECRETARY OF STATE

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] 2-9-10
Signature Date
John F. Zwetchkenbaum
Print or Type Name
President
Title