



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>105099</u>		2. Exact name of the Corporation <u>ASTHMA & ALLERGY PHYSICIANS OF RHODE ISLAND, INC.</u>			
3. Principal office address <u>1056 HOPE STREET</u>			City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>
4. Business Phone No. <u>401-751-1235</u>		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief description of the character of business conducted in Rhode Island <u>MEDICAL PRACTICE SPECIALIZING IN ASTHMA, ALLERGY AND IMMUNOLOGY</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>JOHN F. ZWETCHKENBAUM</u>			Vice-President Name		
Street Address <u>1056 HOPE STREET</u>			Street Address		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>	City	State	Zip
Secretary Name <u>JOHN F. ZWETCHKENBAUM</u>			Treasurer Name <u>JOHN F. ZWETCHKENBAUM</u>		
Street Address <u>1056 HOPE STREET</u>			Street Address <u>1056 HOPE STREET</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>JOHN F. ZWETCHKENBAUM</u>			Director Name		
Street Address <u>1056 HOPE STREET</u>			Street Address		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100.00</u>	<u>CWP</u>	<u>\$0.0100</u>

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: FEB 16 2012
 Check No: _____
 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] 2-15-12
 Signature of Authorized Representative Date

HARRIS K. WEINER
 Print or Type Name of Authorized Representative
REGISTERED AGENT