



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 2012

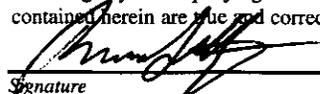
Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 57456		2. Name of Corporation Asthma, Nasal Disease and Allergy Research Center of New England, Inc.			
3. Street Address Principal Business Office 95 Pitman Street			City Providence	State RI	Zip 02906
4. Business Phone No. (401) 331-8426		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Conducts medical research and studies					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Russell A. Settipane			Vice President Name Robert J. Settipane		
Street Address 95 Pitman Street			Street Address 95 Pitman Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Russell A. Settipane			Treasurer Name Robert J. Settipane		
Street Address 95 Pitman Street			Street Address 95 Pitman Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Russell A. Settipane			Director Name Robert J. Settipane		
Street Address 95 Pitman Street			Street Address 95 Pitman Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 1,029	Class/Series Common	Par Value \$1 Par Value
			THIS SECTION MUST BE COMPLETED		

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.


Signature _____ Date 2/7/12
Russell A. Settipane
Print or Type Name
President
Title

FILED

File Date _____
Check No. FEB 21 2012
By: 2256
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