



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 2013

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. 57456		2. Exact name of the Corporation Asthma, Nasal Disease, and Allergy Research Center of New England, Inc.			
3. Principal office address 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 Conducting medical research and studies					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Russell A. Settiane			Vice-President Name Robert J. Settiane		
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. Settiane			Treasurer Name Robert J. Settiane		
Street Address 95 Pitman Street			Street Address 95 Pitman Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Russell A. Settiane			Director Name Robert J. Settiane		
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.					

This report must be executed on behalf of the corporation by a **FILED** 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.



FEB 20 2013

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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 of Authorized Representative

Date

Russell A. Settiane

Print or Type Name of Authorized Representative