



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000705445

2. Name of Corporation North American Rhinology & Allergy Conference

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 95 PITMAN STREET

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

FOR THE EDUCATION OF MEDICAL PROVIDERS IN UPDATING THEM IN NEW DEVELOPMENTS IN MEDICINE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|-----------|--|--|
| PRESIDENT | RUSSELL SETTIPANE MD | 95 PITMAN STREET PROVIDENCE, RI 02906 USA |
| DIRECTOR | ALAN GAINES MD | 95 PITMAN STREET PROVIDENCE, RI 02906 USA |

| | | |
|----------|-------------------|---|
| DIRECTOR | RAKESH CHANDRA MD | 675 N. ST. CLAIR CHICAGO, IL 60611 USA |
| DIRECTOR | WARNER CARR MD | 27800 MEDICAL CENTER ROAD #244 MISSION VIEJO, CA 92691 USA |
| DIRECTOR | ALEXANDER CHIU MD | 7828 N. ANCIENT INDIAN DR. TUCSON, AZ 85718 USA |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

RUSSELL A SETTIPANE, MD 95 PITMAN STREET PROVIDENCE , RI 02906

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 1 Day of August, 2013 at 11:22:36 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By RUSSELL A SETTIPANE, MD
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or
 Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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