



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. 000115283

2. Name of Corporation Eastern Allergy Conference, Inc.

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

EDUCATION; FOR PHYSICIANS AND NURSES, UPDATING NEW DEVELOPMENTS IN MEDICINE IN THE ALLERGY FIELD.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
PRESIDENT	RUSSELL SETTIPANE MD	95 PITMAN STREET PROVIDENCE, RI 02906 USA
DIRECTOR	ROBERT SETTIPANE MD	95 PITMAN STREET PROVIDENCE, RI 02906 USA

DIRECTOR	MICHAEL SLAUGHTER MD	536 BAY ROAD QUEENSBURY, NY 12804 USA
DIRECTOR	WILLIAM GREISNER III MD	171 N EAGLE CREED DRIVE #106 LEXINGTON, KY 40509 USA
DIRECTOR	AGILE REDMOND JR.	5223 CONTOUR PLACE HOUSTON, TX 77096 USA
DIRECTOR	CLIFF TEPPER MD	2216 STONE RIDGE ROAD NISKAYUNA., NY 12309 USA
DIRECTOR	JOSEPH BELLANTI MD	3800 RESERVOIR ROAD WASHINGTON, DC 20057 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, M.D. 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 11:27:36 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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