



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 163395		2. Exact name of the limited liability company The ENT Center of Rhode Island, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Operation of a physician owned surgical center.			
5. Principal office address 55 Lambert Lind Highway		City Warwick		State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Brian E. Duff, M.D.		Contact Title Medical Director			
Street Address 55 Lambert Lind Highway		City Warwick		State RI	Zip 02886
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Manager Name Brian E. Duff, M.D.		Manager Name Douglas F. Emery, M.D.			
Street Address 55 Lambert Lind Highway		Street Address 55 Lambert Lind Highway			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Manager Name Steven F. Freedman, M.D.		Manager Name Robert M. Risica, M.D.			
Street Address 55 Lambert Lind Highway		Street Address 55 Lambert Lind Highway			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date _____

Check No _____

By: _____

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SEP 16 2013

BY 1327

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 Person

Brian E. Duff, M.D.

Print or Type Name of Authorized Person

9/11/13
Date

The ENT Center of Rhode Island, LLC
Corp. ID #163395
Addendum to 2013 Annual Report

Additional Managers:

Constitution Surgery Centers, LLC
440 Swansea Mall Drive
Swansea, MA 02777

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BY ID 163395