



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:** 2014

**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: 450 VETERANS MEMORIAL PARKWAY  
BUILDING 15

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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 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	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, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 13 Day of November, 2014 at 2:22:45 PM by the authorized person.** *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 company, 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 GINNY LOISELLE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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