



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: 2015

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: 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

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Signed this 3 Day of December, 2015 at 1:52:15 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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