



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 15099		2. Exact name of the Corporation Kent Ears, Nose & Throat INC			
3. Principal office address 300 Tollgate Rd.			City Warwick	State RI	Zip 02886
4. Business Phone No. (401)732-1330			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Medicine					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Jo-Ann MacMillan			Vice-President Name NONE		
Street Address 300 Tollgate Rd.			Street Address NONE		
City Warwick	State RI	Zip 02886	City NONE	State NONE	Zip NONE
Secretary Name NONE			Treasurer Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Jo-Ann MacMillan			Director Name NONE		
Street Address 300 Tollgate Rd.			Street Address NONE		
City Warwick	State RI	Zip 02886	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	\$1 PAR VAL	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 06 2016

BY KL 5166

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.

Jo Ann MacMillan 12/16/15
Signature of Authorized Representative Date
Jo Ann MacMillan
Print or Type Name of Authorized Representative