



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 57456		2. Exact name of the Corporation Asthma, Nasal Disease, and Allergy Research Center of New England, Inc.			
3. Principal Office Address 450 Veterans Memorial Parkway Bldg 15		City East Providence		State RI	Zip 02914
4. NAICS Code 54 - Professional, Scientific, and		6. Brief description of the character of business conducted in Rhode Island Conduction of medical research and studies			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Russell A. Settipane, MD		Vice-President Name Robert J. Settipane, MD			
Street Address 450 Veterans Memorial Parkway Bldg 15		Street Address 450 Veterans Memorial Parkway Bldg 15			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Russell A. Settipane, MD		Treasurer Name Robert J. Settipane, MD			
Street Address 450 Veterans Memorial Parkway Bldg 15		Street Address 450 Veterans Memorial Parkway Bldg 15			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Russell A. Settipane, MD		Director Name Robert J. Settipane, MD			
Street Address 450 Veterans Memorial Parkway Bldg 15		Street Address 450 Veterans Memorial Parkway Bldg 15			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1.029		Common	\$1 par value
11. 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. 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.					
Name of Authorized Representative Russell A. Settipane, MD					Date 2/6/17
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
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