



**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

**Foreign Non-Profit  
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:** 2017

**1. Corporate ID No.** 000910213

**2. Name of Corporation** Massachusetts Eye and Ear Associates, Inc.

**3. State of Incorporation**

State: MA

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: ONE RANDALL SQUARE, SUITE 203

City or Town: PROVIDENCE

State: RI Zip: 02904 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 243 CHARLES STREET

City or Town: BOSTON State: MA Zip: 02114 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE MEDICAL AND HEALTH CARE TO THE PATIENTS OF THE MASSACHUSETTS EYE AND EAR INFIRMARY AND ITS AFFILIATED PROGRAMS AND TO OTHER PATIENTS AND RELATED ACTIVITIES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	DUANE BRADLEY WELLING	125 RUTLEDGE ROAD BELMONT, MA 02478 USA
TREASURER	SUNIL EAPPEN	44 BAY STATE ROAD WESTON, MA 02493 USA
SECRETARY	SUNIL EAPPEN	44 BAY STATE ROAD WESTON, MA 02493 USA
ASSISTANT SECRETARY	MAUREEN S. KELLEY	105 HANCOCK STREET AUBURNDALE, MA 02466 USA
ASSISTANT SECRETARY	MARTHA PYLE FARRELL	67 COCHITUATE ROAD WAYLAND, MA 01778 USA
DIRECTOR	JOHN FERNANDEZ	5 OTIS STREET NEEDHAM, MA 02492 USA
DIRECTOR	JOAN MILLER	40 WESTLUND AVENUE WINCHESTER, MA 01980 USA
DIRECTOR	HUGH CURTIN	269 WELLESLEY AVENUE WELLESLEY, MA 02481 USA
DIRECTOR	DUANE BRADLEY WELLING	125 RUTLEDGE ROAD BELMONT, MA 02478 USA
DIRECTOR	JONATHAN KUTCHINS	28 EXETER STREET #703 BOSTON, MA 02116 USA
DIRECTOR	NICHOLAS BUSABA	142 HOBART ROAD CHESTNUT HILL, MA 02467 USA
DIRECTOR	SUZANNE FREITAG	120 BEACON STREET #3 BOSTON, MA 02116 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**

MAGDALENA KRZYSTOLIK, M.D. ONE RANDALL SQUARE, SUITE 203 PROVIDENCE , RI 02904

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 14 Day of July, 2017 at 10:38:47 AM 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 MAUREEN KELLEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

