



**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: 2018

1. Corporate ID No. 000115283

2. Name of Corporation Eastern Allergy Conference, Inc.

3. State of Incorporation

State: RI

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: 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Incorporator is no longer applicable; please delete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	450 VETERANS MEMORIAL PARKWAY #15 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	KELLI WILSON	121 GRANDVIEW AVENUE MARSHFIELD, MA 02050 USA
DIRECTOR	ROBERT SETTIPANE MD	450 VETERANS MEMORIAL PARKWAY #15 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	WILLIAM CORRAO MD	415 MIDDLEBRIDGE ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	JOSEPH BELLANTI MD	3800 RESERVOIR ROAD WASHINGTON, DC 20057 USA
DIRECTOR	WILLIAM GREISNER III MD	171 N EAGLE CREED DRIVE #106 LEXINGTON, KY 40509 USA
DIRECTOR	MICHAEL SLAUGHTER MD	536 BAY ROAD QUEENSBURY, NY 12804 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 SETTIPANE, MD 450 VETERANS MEMORIAL PARKWAY BUILDING 15 EAST PROVIDENCE , RI 02914

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

Signed this 27 Day of November, 2018 at 4:00:35 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