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 SECRETARY OF STATE
 CORPORATIONS DIV
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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
 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 <u>000042761</u>		2. Exact name of the Corporation <u>RI Ear, Nose and Throat Physicians</u>			
3. Principal Office Address <u>Suite 2A, 148 W River St</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	
4. NAICS Code <u>62111</u>	6. Brief description of the character of business conducted in Rhode Island <u>Physicians specialty Practice (Professional Medical Services)</u>				
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Martin Papagian</u>			Vice-President Name <u>John M. Tarro</u>		
Street Address <u>Suite 2A, 148 W River St</u>			Street Address <u>Suite 2A, 148 W River St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>
Secretary Name <u>Douglas F. Emery</u>			Treasurer Name <u>Thomas F. Della Torre</u>		
Street Address <u>Suite 2A, 148 W River St</u>			Street Address <u>Suite 2A, 148 W River St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>David S Bick</u>			Director Name		
Street Address <u>Suite 2A, 148 W River St</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<u>1000</u>		<u>0.00</u>	
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 <u>Danny A. Pasarelli</u>					Date <u>1-11-19</u>
Signature of Authorized Representative <u>[Signature]</u>					

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
 JAN 11 2019
 BY [Signature] RTSLY
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