



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JAN 11 AM 11:28

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> |
| 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> |
| 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 |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 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> | | | FILED JAN 11 2019 BY <u>RTSL4</u> <u>11:28</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