

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02933-1335 401 222 3040

Filing Period: January 1 - FORM MUST BE TYPED IN B		uing ree: \$50.00			
I. Corporate ID No 83580	<ol> <li>Name of Corpor ENT and AL</li> </ol>	ration LERGY, INC.			
3. Street Address Principal Busin 251 PARK AVENUE	ess Office		City CRANSTON	State RI	<i>Zip</i> 02905
4 Business Phone No. 4017850976		5 State of Incorporation RHODE ISLAND			6 SIC Code 9217
7. Brief Description of the Chara		ducted in Rhode Island	ALIZING IN EAR, NOSE A	ND THROAT ILLA	ress,
			ACHMENT) TILL IN SPACES  Vice President Name		
Charles S. Faber Sircet Address			Mark P. Andreozzi Street Address		
251 Park Avenue			251 Park Avenue		
City	State	Zip	City	State	Zφ
Cranston Secretary Name	RI	02905	Cranston Treasurer Name	RI	02905
Mark P. Andreozzi			Barbara Guillette		
Street Address			Street Address		
251 Park Avenue			251 Park Avenue		
City	State	Zip	City	State	Zip
Cranston	RI	02905	Cranston	RI	02905
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) TILL IN SPAC Director Name	ES BEFORE USING	ATTACHMENTS
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City	State	Zıp	City	State	Zφ
Director Name			Director Kame		
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City	State	Zip	City	State	Zıp
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BO ISSUED SHARES	X FOR ATTACHMEN	<i>i</i> n 🗆
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sories	Par Value
600 COMM NO PAR VA	ALUE		100	Common	No par value
This report must be signe	d in ink by eithe	er the President, Vice Pre	rsident, Secretary, Assistan	t Secretary, Treas.	urer, Receiver or Trustee
8 3 5	<b>            </b>   8		Under penalty of perjury, this report, including any		
*83580 DBC 01/13/05	02:35:52 PM*		and that all statements co		
File Date 2 3 0	<b>S</b>		/ // /// /.	homis 1.	131/05
Check No. 1144		-	Signature of Officer		Date
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LOD SECRETARY OF STATE	TIEL ONLY			Sidert	
FOR SECRETARY OF STATE	OSE OMET		Title of Officer		Form 630 12 0

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

I. Corporate ID No. 83580	2 Name of Corpora ENT and ALL				
3 Street Address Principal Busi 251 PARK AVENUE	ness Office		Cuv CRANSTON	State R I	Zφ 02905
4 Business Phone No. 4017850976		5 State of Incorporation RHODE ISLAND			6 SIC Code 9217
7 Brief Description of the Chai RENDERING PROFESSIO		lucted in Rhode Island AS PHYSICIANS SPECIA	LIZINGEAR, NOSE A	ND THROAT ILLNESS,	
8. NAMES AND ADDRES President Name CHARLES S. FABER	SSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) TILL IN S Vice President Name MARK P. ANDREO		TACHMENTS
Sireel Address 251 PARK AVENUE			Street Address 251 PARK AVENU	Έ	
Cav	State	Zip	City	State	Zip
CRANSTON Georgiany Number MARK P. ANDREOZZI	RI	02905	CRANSTON Treasurer Name BARBARA GUILLE	RI TTE	02905
Street Address 251 PARK AVENUE			Street Address 251 PARK AVENU	E	
City	State	Žip	City	State	Zιp
CRANSTON	RI	02905	CRANSTON	RI	02905
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) TFILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
Cuy	State	Zip !	City	State	Zip
Director Name			Director Name		
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Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
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This report must be <b>sigi</b>	ned in ink by eith	er the President, Vice Pr	esident, Secretary, As.	sistant Secretary, Treas	urer, Receiver or Trust
					-
8 3 5	8 0 4 02:26:44 PM*		this report, includ	perjury, I declare and affirming any accompanying sche ents contained herein are tr	dules and statements,

FOR SECRETARY OF STATE USE ONLY

Signature of Offwer CHARLES S. FABER Print or Type Name of Officer

**PRESIDENT** Title of Officer



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222,3040

PROFIT COR	f the Secretary of State  RPORATION  Try 1 - March 1	ANNUAL REP	ORT FOR THE	YEAR 2003	401.222,3040
r iting Period: Janua FORM MUST BE TYPE: 1. Corporate ID No. *83580*	D IN BLACK)  12. Name of Corp.				
3. Street Address Principa 251 PARK AVEN			City CRANSTON	State RI	1 <i>Zip</i> 02905
4. Business Phone No. 4017850976	- <del> </del>	5. State of Incorpora RHODE ISLAN			6. SIC Code 9217
7 Brief Description of the RENDERING PROPE	e Character of Business Cossional SERVICES	pnducted in Rhode Island AS PHYSICIANS SPE	CIALIZINGEAR, NOSE A	AND THROAT ILLNESS,	
President Name CHARLES S. FAE		FFICERS ("X" BOX FOR	ATTACHMENT)   FILL IN S Vice President Name - MARK P. ANDREC Street Address		TACHMENTS
Street Address 251 PARK AVENU	JE		· 251 PARK AVENU	JE	
City CRANSTON Secretary Name	State RI	Zip 02905	City CRANSTON Treasurer Name	State RI	02905
MARK P. ANDREC			CHARLES G STREET	Barbara C	puillette.
251 PARK AVENT	JE  State	Zip	.251 PARK AVENU	State State	Zip
CRANSTON	RI	02905	CRANSTON	RI	02905
Street Address	State	Zip	· Street Address · City	State	Zip
City	State	200	· · · · · · · · · · · · · · · · · · ·		
Director Name			• Director Name •		· · · · · · · · · · · · · · · · · · ·
Sireel Address			*Street Address		
City	State	Zip	City	State	Zip
AUTHORIZED SHARE			ISSUED SHARES	"X" BOX FOR ATTACHMEN	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be	e signed in ink by el	ther the President, Vic	e President, Secretary, As	sistant Secretary, Treas perjury, I doclare and affirm	
*83580 DBC7/7/	8 5 5 8 U *		this report, includ	log any accompanying sche hepts contained herein are tr	dules and statements,
File Date	8 03			1///	
Check No.	<del>3053</del>			S. S. FABER	Pate
B <sub>V</sub> :	DA	<del></del>	Print or Type Name PRESIDE		

Title of Officer

Form 630 12/01

Edward S. Inman, III. Secretary of State Corporations Division

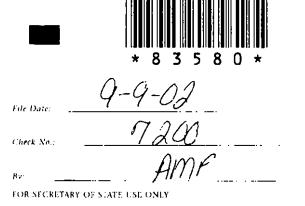
100 North Main Street, Providence, RI 02903-1335

401-222-3040

### 2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 8358<sub>U</sub> ENT and ALLERGY, INC. 3 Street Address Principal Business Office City State Zip02905 RΙ Cranston 251 Park Avenue 5. State of Incorporation h SIC Code 9217 **RHODE ISLAND** (401) 785-0976 Brief Description of the Character of Business Conducted in Rhode Island practice of medicine 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Mark P. Andreozzi Charles S. Faber Street Address Street Address 251 Park Avenue 251 Park Avenue <sup>Ca)</sup>Cranston State Zip 02905 RΙ 02905 RICranston Secretary Name Treasurer Name Charles S. Faber Mark P. Andreozzi 251 Park Avenue 251 Park Avenue zie 02905 RI State 02905 Co Cranston <sup>c</sup>"Cranston RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Zip City State Zip Director Name Street Address Street Address City State ZIP City State 210 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SSCED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 600 COMM NO PAR VALUE No Par 100 common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined micluding any accompanying schedules and statements, and perein are true and correct

Charles S. Faber

Print or Type Name of Officer

President

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate III No. 83580

ENT and ALLERGY, INC.

3.	251	<sup>A</sup> Park	'Avenue es office
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Gity Cranston

State

RI

<sup>Zip</sup> 02905

4. kA91);785×0976			្ន ម្ដុំអូលព្	E TSLAND				6 <b>921</b> %
2 Brief Description of the Character of	Business Con	ducted in Rhod	le Island	practice of medic	cine			
8. NAMES AND ADDRESSE Prendent Name Charles S. Fabor	S OF THE	OFFICER	S (*X* B)	OX FOR ATTACHM	(ENT) FILL IN SPACES BEF Vice President Name Mark P. Andreozzi	ORE USI	NG ATTACHME	NTS
502574Park Avenue					succ'25'1"Park Avenue			
G/Cranston	State	RI	Ζιρ	02905	City Cranston	State	RI	Zip 02905
500 Mark P. Andreozzi					Treas Charles S. Faber			
su25alaPark Avenue					suc 254 Park Avenue			
Cranston	State	RI	Zip	02905	CityCranston	State	RI	zip 02905
9. NAMES AND ADDRESSE Director Name	S OF THE	DIRECTO	ORS (*x*	BOX FOR ATTAC	HMENT) FILL IN SPACES BI Director Name	EFORE U	SING ATTACHM	IENTS
Street Address					Street Address			
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Director Name					Director Name	•		
Street Address					Street Address			
City	State		Zip		City	State		Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX F	OR ATTACHM	IENT)		11. SHARES ISSUED ("X" E	OX FOR A	TTACHMENT)	
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600 SHS COMM NO P	AR VAL	UE			100	com	mon	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

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 therein are true and correct.

| Contained the statements of the statements of

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLA	CK)				•			
1. Corporate III No.	2 Nome ENT	and AL	ĽERGY,	INC.				
3. Street Address Principal Business 251 Park Avenue	Office				Cranston	State	RI	zıp 02905
1 (40Y) 785-8976			5. Stat <b>RH</b> (	of incorporation	· '			6. 85 5%
7. Brief Description of the Character	of Rusiness (	Conducted in	Rhode Island	practice of me	dicine			
8. NAMES AND ADDRESS President Name	SES OF T	HE OFFIC	ERS (*x*	BOX FOR ATTAC	CHMENT) FILL IN SPACES BEF Vice President Name	ORE US	ING ATTAC	HMENTS
Charles S. Faber					Mark P. Andreozzi			
251 Park Avenue					251 Park Avenue			
Cranston	State	RI	Zip	02905	Cranston	State	RI	<sup>ZIp</sup> 02905
Secretary Name	••	•			Treasurer Name			
Mark P. Andreozzi				•	Charles S. Faber			
Street Address 251 Park Avenue			·		Street Address 251 Park Avenue			
Cranston	State	RI	Zip	02905	Cranston	State	RI	<sup>zip</sup> 02905
9. NAMES AND ADDRESS Director Name	SES OF T	HE DIREC	CTORS (*	X* BOX FOR ATT	TACHMENT) FILL IN SPACES B	EFORE 1	using att	
Street Address					Street Address			·
City	State		ZIP		City	State		Zip
Director Name					Director Name			
Street Address					Street Address			
City	State		ZIp		City	State		Zip
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Number of Shares	Class/Se	ries	Par Va	lue	Number of Shares	Class/S	Sertes	Par Value
600 SHS COMM NO I	PAR VAL	.UE			100	соп	ımon	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED File Date: \_ SEP 2 9 2000

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer

Signature of Officer

President

Title of Officer

Charles S. Faber

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

2. Name of Corporation

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				_				

ENT and ALLERGY, INC.

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RT

02905

(401) 785-0976

5. State of Incorporation **RHODE ISLAND** 

6. SIC Code 9217

7. Brief Description of the Character of Business Conducted in Rhode Island

practice of medicine

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Nume Mark P.

President Name

Charles S. Faber

Street Address 251 Park Avenue

RI

02905

251 Park Avenue

Cranston

Cranston

Cranston

Andreozzi

02905

Cranston

Secretary Name Mark P. Andreozzi

Street Address

251 Park Avenue

Cranston

RΤ

02905

251 Park Avenue

Charles S. Faber

RΙ

RI

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

. Street Address

Director Name

City

Director Name

Zip

Director Name

City

Street Address

City

State

State

Zip

Zip

Street Address

City

State

Zip

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ! 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUEE) SHARES Number of Shares

Class/Series

Par Value

- Date

600 SHS COMM NO PAR VALUE

100

Common

No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: .

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including age accompanying schedules and statements, and lements contained herein, are true and correct.

Signature of Officer

Charles S. Faber

Print or Type Name of Officer President





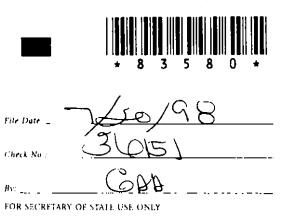
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1 Corporate ID No. ENT and ALLERGY, INC. 3. Street Address Principal Business Office City State  $Z_{1}p$ 02905 251 Park Avenue Cranston RΙ 4. Business Phone No. 6. SIC 9217 <sup>1</sup> RHODE ISLAND (401) 785-0976 7. Brief Description of the Character of Business Conducted in Rhode Island practice of medicine 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Charles S. Faber Mark P. Andreozzi Street Address Street Address 251 Park Avenue 251 Park Avenue Cur Cranston <sup>219</sup> 02905 Cranston RI 02905 RT Secretary Name Treasurer Name Charles S Faber Mark P. Andreozzi Street Address Street Address 251 Park Avenue 251 Park Avenue City State Zip State 02905 02905 RI Cranston RI Cranston 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State City State Zip Zip Director Name Director Name Street Address Street Address City Zip City State Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Par Value Class/Series Par Value Class/Series **600 SHS COMM NO PAR VALUE** 

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100



Under penalty of perjury, I declare and affirm that I have examined icludying any accompanying schedules and statements, and Are true and correct

Common

No par value

Charles S. Faber

Print or Type Name of Officer

President



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

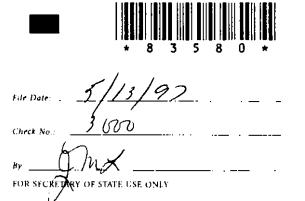
2. Name of Corporation



No par value

83580	ENT and ALLE	RGY, INC.			
3. Street Address Principal Business Off			City	State	Zιp
251 Park Avenue 4. Business Phone No.		5 State of Incorporation	Cranston	RI	02905 6 SIC Code
(401) 785-0976		RHODE ISLAND			9217
7. Brief Description of the Character of practice of medi					
8. NAMES AND ADDRESSE	S OF THE OFFICER	S ("X" BOX FOR ATTACHA	IENT)		
Charles S. Faber	r		Vice President Name Mark P. Andre	ozz i	
Street Address 251 Park Avenue			Street Address 251 Park Aven	ue	
City	State	Zip	City	State	Zip
Cranstòn	RI	02905	Cranston	RI	02905
Sciretary Name Mark P. Andreoza	z i		Treasurer Name Charles S. Fa	ber	
Street Address 251 Park Avenue			Street Address 251 Park Aven	ue	
Cranston	State R I	02905	Cranston	State R I	Zip 02905
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	AND ISSUED ("X" B	OX FOR ATTACHMENT)			
AUTHORIZED SHARES			SSUED SHARES		
Number of Shares	Glass/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



600 SHS COMM NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Common

Charles S. Faber

Print or Type Name of Officer

President

Signature of Officer

100

### **PROFIT CORPORATION ANNUAL REPORT**

For Secretary of State Use Only

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

1 CORPORATE 10 NO	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.		
83580		nd ALLERGY, INC			
3. STREET ADDRESS PRINCIPAL BUSINESS 251 Park Ave	OFFICE	id Abberdi, inc	on — Cranston	state R I	z19 0006 0 2 9 0 5
4 BUSINESS PHONE NO. (401) 785-01	976	s state of incorporation The RHODE I	 SLAND		6. SUC 0000E
7. BREEF DESCRIPTION OF THE CHARACTER  Practice of		SLAND			
PRESIDENT HAME Charles S.	8. NA Faber	MES AND ADDI	NESSES OF THE OF WCEPRESIDENT NAME Mark P. And		
251 Park Ave			street ADDRESS 251 Park AVE	<del></del>	
Cranston SECRETARY NAME	STATE R I	ze ∞0€ 02905	Cranston	STATE R I	27 000£ 0 2 9 0 5
Mark P. And	reozzi	<del></del>	Charles S. F	aber	<del></del>
251 Park Ave	enue	ZIP CODE	251 Park Ave	enue T <sub>STATE</sub>	ZIP COOE .
Cranston -	RI RI	02905	Cranston	RI	02905
DIRECTOR NAME	-		: DIRECTOR NAME		.· <del>-</del>
STREET ADORESS	<del></del>		STREET ADORESS		
CITY -	STATE	ZIP COOE	ату	STATE	ZP CODE
DIRECTOR NAME		<del></del>	DRECTOR HAME	<del> </del>	
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an an	STATE -	ZP COOK	ány	STATE	71P CODE
	1 0 . S	HARES AUTHOR	IZED AND ISSUED	ISSUED SHARES	
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Pre	This esident, Vice Presid	s report must be <b>SI</b> 0 ent, Secretary, Assis	<b>GNED IN INK</b> by either the stant Secretary, Treasurer	ne r, Receiver or Truste	ee
			Under penalty of report, probability all statements of	of Berjury I deplare and any aptrompanying so ontained herein are much	d affirm that I have examined the redules and statements, and the sand correct.
File Date: ,)	001714		Signature of Offi		
Check No:	001714		Charles Print or Type Na	S. Faber	
Ву:	CC		Presider		1 31-96