



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

83580

2. Name of Corporation

ENT and ALLERGY, INC.

3. Street Address Principal Business Office

251 PARK AVENUE

City

CRANSTON

State

RI

Zip

02905

4. Business Phone No.

4017850976

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

RENDERING PROFESSIONAL SERVICES AS PHYSICIANS SPECIALIZING IN EAR, NOSE AND THROAT ILLNESS,

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Charles S. Faber

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

Vice President Name

Mark P. Andreozzi

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

Secretary Name

Mark P. Andreozzi

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

Treasurer Name

Barbara Guillette

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

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

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

ISSUED SHARES

Number of Shares

Class/Series

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



8 3 5 8 0

\*83580 DBC 01/13/05 02:35:52 PM\*

File Date

2/2/05

Check No.

1144

By

WS

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 herein are true and correct.

Signature of Officer

Date

Mark P. Andreozzi 1/31/05

Print or Type Name of Officer

Vice President

Title of Officer

Form 630 12/04



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No.

83580

2 Name of Corporation

ENT and ALLERGY, INC.

3 Street Address Principal Business Office

251 PARK AVENUE

City

CRANSTON

State

RI

Zip

02905

4 Business Phone No.

4017850976

5 State of Incorporation

RHODE ISLAND

6 SIC Code

9217

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

RENDERING PROFESSIONAL SERVICES AS PHYSICIANS SPECIALIZINGEAR, NOSE AND THROAT ILLNESS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

CHARLES S. FABER

Vice President Name

MARK P. ANDREOZZI

Street Address

251 PARK AVENUE

Street Address

251 PARK AVENUE

City

CRANSTON

State

RI

Zip

02905

City

CRANSTON

State

RI

Zip

02905

Secretary Name

MARK P. ANDREOZZI

Treasurer Name

BARBARA GUILLETTE

Street Address

251 PARK AVENUE

Street Address

251 PARK AVENUE

City

CRANSTON

State

RI

Zip

02905

City

CRANSTON

State

RI

Zip

02905

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

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares

Class/Series

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



8 3 5 8 0

\*83580 DBC 01/14/04 02:26:44 PM\*

File Date

3/25/04

Check No

8179 C25430

By

lme

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 herein are true and correct.

Signature of Officer

CHARLES S. FABER

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

3/25/04

Form 650 12 01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *83580*		2. Name of Corporation ENT and ALLERGY, INC.			
3. Street Address Principal Business Office 251 PARK AVENUE		City CRANSTON	State RI	Zip 02905	
4. Business Phone No. 4017850976		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING PROFESSIONAL SERVICES AS PHYSICIANS SPECIALIZINGEAR, NOSE AND THROAT ILLNESS,					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CHARLES S. FABER		Vice President Name MARK P. ANDREOZZI			
Street Address 251 PARK AVENUE		Street Address 251 PARK AVENUE			
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
Secretary Name MARK P. ANDREOZZI		Treasurer Name <del>CHARLES S. FABER</del> Barbara Guillette			
Street Address 251 PARK AVENUE		Street Address 251 PARK AVENUE			
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 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



\* 8 3 5 8 0 \*

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.

Signature of Officer  
CHARLES S. FABER  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

\*83580 DBC7/7/033:54:30 PM\*

File Date 9/8/03

Check No. 8053

By DA

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

83580

2. Name of Corporation

ENT and ALLERGY, INC.

3. Street Address Principal Business Office

251 Park Avenue

City

Cranston

State

RI

Zip

02905

4. Business Phone No

(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**

President Name

Charles S. Faber

Vice President Name

Mark P. Andreozzi

Street Address

251 Park Avenue

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

City

Cranston

State

RI

Zip

02905

Secretary Name

Mark P. Andreozzi

Treasurer Name

Charles S. Faber

Street Address

251 Park Avenue

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

City

Cranston

State

RI

Zip

02905

**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

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

No Par

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



\* 8 3 5 8 0 \*

File Date:

9-9-02

Check No:

7200

By:

AMF

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 herein are true and correct.

Signature of Officer

Charles S. Faber

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 ID No. 83580 2. Name of Corporation ENT and ALLERGY, INC.

3. Street Address of Principal Business Office 251 Park Avenue City Cranston State RI Zip 02905

4. Telephone Number (401) 785-0976 5. State of Incorporation RHODE ISLAND 6. 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**

President Name <u>Charles S. Faber</u>	Vice President Name <u>Mark P. Andreozzi</u>
Street Address <u>251 Park Avenue</u>	Street Address <u>251 Park Avenue</u>
City <u>Cranston</u> State <u>RI</u> Zip <u>02905</u>	City <u>Cranston</u> State <u>RI</u> Zip <u>02905</u>

Secretary Name <u>Mark P. Andreozzi</u>	Treasurer Name <u>Charles S. Faber</u>
Street Address <u>251 Park Avenue</u>	Street Address <u>251 Park Avenue</u>
City <u>Cranston</u> State <u>RI</u> Zip <u>02905</u>	City <u>Cranston</u> State <u>RI</u> Zip <u>02905</u>

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	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

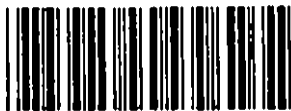
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	
Number of Shares	Class/Series
<u>600 SHS COMM NO PAR VALUE</u>	Par Value

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	
Number of Shares	Class/Series
<u>100</u>	<u>common</u>
	Par Value
	<u>No Par</u>

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



\* 8 3 5 8 0 \*

File Date: 11-2-01

Check No. 1935

By: AMF

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 herein are true and correct.

Charles S. Faber 10/27/01  
Signature of Officer Date  
Charles S. Faber  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 BLACK)

1. Corporate ID No. **83580** 2. Name of Corporation **ENT and ALLERGY, INC.**

3. Street Address Principal Business Office **251 Park Avenue** City **Cranston** State **RI** Zip **02905**

4. Business Phone No. **(401) 785-0976** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8217**

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**

President Name <b>Charles S. Faber</b> Street Address <b>251 Park Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>	Vice President Name <b>Mark P. Andreozzi</b> Street Address <b>251 Park Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>
Secretary Name <b>Mark P. Andreozzi</b> Street Address <b>251 Park Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>	Treasurer Name <b>Charles S. Faber</b> Street Address <b>251 Park Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02905</b>

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

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 SHS COMM NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 common No Par**

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



\* 8 3 5 8 0 \*

**FILED**

File Date: **SEP 29 2000**  
Check No.: **CC 6507**  
By: **[Signature]**  
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 herein are true and correct.

Signature of Officer **[Signature]** Date **9/19/00**  
Charles S. Faber  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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.

83580

2. Name of Corporation

ENT and ALLERGY, INC.

3. Street Address Principal Business Office

251 Park Avenue

City

Cranston

State

RI

Zip

02905

4. Business Phone No.

(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

President Name

Charles S. Faber

Vice President Name

Mark P. Andreozzi

Street Address

251 Park Avenue

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

City

Cranston

State

RI

Zip

02905

Secretary Name

Mark P. Andreozzi

Treasurer Name

Charles S. Faber

Street Address

251 Park Avenue

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

City

Cranston

State

RI

Zip

02905

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

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS COMM NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



\* 8 3 5 8 0 \*

File Date: FILED

Check No.: SEP 09 1999

By: CC0003952

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 herein are true and correct.

Charles S. Faber Date

Charles S. Faber

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83580** 2. Name of Corporation **ENT and ALLERGY, INC.**

3. Street Address Principal Business Office

251 Park Avenue

City

Cranston

State

RI

Zip

02905

4. Business Phone No.

(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)

President Name

Charles S. Faber

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

Vice President Name

Mark P. Andreozzi

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

Secretary Name

Mark P. Andreozzi

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

Treasurer Name

Charles S. Faber

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS COMM NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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 7/10/98

Check No. 36051

By: GAB

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 herein are true and correct.

Charles S. Faber 7/17/98  
Signature of Officer Date

Charles S. Faber  
Print or Type Name of Officer

President  
Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

83580

ENT and ALLERGY, INC.

3. Street Address Principal Business Office

251 Park Avenue

City

Cranston

State

RI

Zip

02905

4. Business Phone No.

(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)**

President Name

Charles S. Faber

Vice President Name

Mark P. Andreozzi

Street Address

251 Park Avenue

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

City

Cranston

State

RI

Zip

02905

Secretary Name

Mark P. Andreozzi

Treasurer Name

Charles S. Faber

Street Address

251 Park Avenue

Street Address

251 Park Avenue

City

Cranston

State

RI

Zip

02905

City

Cranston

State

RI

Zip

02905

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name

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\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

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



\* 8 3 5 8 0 \*

File Date: 5/13/97

Check No.: 3000

By: [Signature]

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 herein are true and correct.

[Signature] 5/15/97

Charles S. Faber

Print or Type Name of Officer

President

Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO

2. NAME OF CORPORATION

83580

ENT and ALLERGY, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

251 Park Avenue

CITY

Cranston

STATE

RI

ZIP CODE

02905

4. BUSINESS PHONE NO.

(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

PRESIDENT NAME

Charles S. Faber

VICE PRESIDENT NAME

Mark P. Andreozzi

STREET ADDRESS

251 Park Avenue

STREET ADDRESS

251 Park Avenue

CITY

Cranston

STATE

RI

ZIP CODE

02905

CITY

Cranston

STATE

RI

ZIP CODE

02905

SECRETARY NAME

Mark P. Andreozzi

TREASURER NAME

Charles S. Faber

STREET ADDRESS

251 Park Avenue

STREET ADDRESS

251 Park Avenue

CITY

Cranston

STATE

RI

ZIP CODE

02905

CITY

Cranston

STATE

RI

ZIP CODE

02905

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES

AUTHORIZED SHARES

CLASS / SERIES

PAR VALUE

NUMBER OF SHARES

ISSUED SHARES

CLASS / SERIES

PAR VALUE

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

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.

File Date:

2/6/96

Check No:

0001714

By:

CC

For Secretary of State Use Only

Signature of Officer

Charles S. Faber

Print or Type Name of Officer

President

Title of Officer

1-31-96

Date