



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
Limited Liability Company

- Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED

DEC 02 2020

BY

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1. Entity ID Number 163394		2. Exact name of the Limited Liability Company The ENT Center of Rhode Island Real Estate, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island To acquire, construct, renovate, hold, invest in, mortgage, improve, maintain, operate, lease, exchange, sell and otherwise deal with the property located at 55 Lambert Lind Highway, Warwick, RI			
5. State of Formation Rhode Island					
6. Principal Office Address 55 Lambert Lind Highway		City Warwick	State RI	Zip 02886	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Brian E. Duff, M.D.			Contact Title Medical Director		
Street Address 55 Lambert Lind Highway		City Warwick	State RI	Zip 02886	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Brian E. Duff, M.D.			Manager Name Douglas F. Emery, M.D.		
Street Address 55 Lambert Lind Highway			Street Address 55 Lambert Lind Highway		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Manager Name Phillip Rizzuto, M.D.			Manager Name Robert M. Risica, M.D.		
Street Address 55 Lambert Lind Highway			Street Address 55 Lambert Lind Highway		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Check the box to indicate an attachment <input checked="" type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642					
<i>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.</i>					
Name of Authorized Person Brian E. Duff, M.D.				Date 11/19/2020	
Signature of Authorized Person 					

MAIL TO:**Division of Business Services**

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040**Website:** www.sos.ri.gov

Manager Name: Mark P. Andreozzi, MD
55 Lambert Lind Highway Warwick, RI 02886