



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021

## 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.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------|--------------|
| 1. Entity ID Number<br>163395                                                                                                                                                                        |          | 2. Exact name of the Limited Liability Company<br>The ENT Center of Rhode Island, I.L.C.                                       |                                        |                  |              |
| 3. NAICS Code<br>621999                                                                                                                                                                              |          | 4. Brief description of the character of business conducted in Rhode Island<br>Operation of a physician owned surgical center. |                                        |                  |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |          |                                                                                                                                |                                        |                  |              |
| 6. Principal Office Address<br>55 Lambert Lind Highway                                                                                                                                               |          |                                                                                                                                | City<br>Warwick                        | State<br>RI      | Zip<br>02886 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |          |                                                                                                                                |                                        |                  |              |
| Contact Name Brian E. Duff, M.D./Phillip Rizzuto, M.D.                                                                                                                                               |          |                                                                                                                                | Contact Title Co-Medical Directors     |                  |              |
| 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.                                                                  |          |                                                                                                                                |                                        |                  |              |
| 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 Person<br>Phillip R. Rizzuto                                                                                                                                                      |          |                                                                                                                                |                                        | Date<br>11/18/21 |              |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                 |          |                                                                                                                                |                                        |                  |              |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

The ENT Center of Rhode Island, LLC  
Corp. ID #163395  
Attachment to 2021 Annual Report

#7. Additional Managers:

Lin Chou, M.D.  
55 Lambert Lind Highway  
Warwick, RI 02886

Mark Andreozzi, M.D.  
55 Lambert Lind Highway  
Warwick, RI 02886

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