



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2025  
Limited Liability Company

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED STAMP**  
APR 21 2025  
BY 5587  
FOR SECRETARY OF STATE  
USE ONLY

|   |  |   |                       |                     |
|---|--|---|-----------------------|---------------------|
| 1. Entity ID Number<br><b>163395</b>  |  | 2. Exact name of the Limited Liability Company<br><b>The ENT Center of Rhode Island, LLC</b>  |                       |                     |
| 3. NAICS Code<br><b>621999</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Operation of a physician owned surgical center.</b> |                       |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |  |   |                       |                     |
| 6. Principal Office Address<br><b>55 Lambert Lind Highway</b>   |  | City<br><b>Warwick</b>  | State<br><b>RI</b>    | Zip<br><b>02886</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                       |                     |
| Contact Name<br><b>Brian E. Duff/Phillip Rizzuto, MD</b>  |  | Contact Title<br><b>Co-Medical Directors</b>  |                       |                     |
| Street Address<br><b>55 Lambert Lind Highway</b>  |  | City<br><b>Warwick</b>  | State<br><b>RI</b>    | Zip<br><b>02886</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |   |                       |                     |
| 9. 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><b>Brian Duff</b>  |  |   | Date<br><b>3-9-25</b> |                     |
| Signature of Authorized Person<br>  |  |   |                       |                     |

**MAIL TO:**  
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