



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2025

1. Corporate ID No. 000042761

2. Name of Corporation R.I. EAR, NOSE AND THROAT PHYSICIANS, INC.

3. Street Address Principal Business Office:

No. and Street: 148 W RIVER ST
SUITE 2A

City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

4. Business Phone No.

401-616-1719

5. State of Incorporation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621111

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

PROFESSIONAL MEDICAL SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the

title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN M TARRO	STE 2A, 148 W RIVER STREET PROVIDENCE, RI 02904 UNI
TREASURER OFFICER	THOMAS F DELLA TORRE	STE 2A, 148 W RIVER STREET PROVIDENCE, RI 02904 USA
OFFICER	ZACHARY QUAY DE LAVALEE	STE 2A, 148 W RIVER STREET PROVIDENCE, RI 02904 USA
SECRETARY	DAVID S BICK	STE 2A, 148 W RIVER STREET PROVIDENCE, RI 02904 USA
OFFICER	CHRISTOPHER I NEWBERRY	STE 2A, 148 W RIVER STREET PROVIDENCE, RI 02904

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 6 Day of August, 2025 at 2:19:48 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By BARRY RAFANELLI
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 06, 2025 02:18 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

