

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report fo	or the year:				
Non-Profit Corporation						

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation						
0000 29532	Southside Medical Center Condominium Association, Inc.						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Medical office Condominium						
4. NAICS Code							
813910-Business Assoc.							
6. Principal Office Address		-	City	State	Zip		
120 Dudley St.	Suite 2	01	Providence	RI	02905		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Robert Janigian, MD		Vice-President Name Chad Nevola, MD					
Street Address 120 Dudley St		Street Address 120 Dudley St					
city Providence	State RI	ZIP 02905	city Providence	State R T	Zip 0 3 9 0 5		
Secretary Name David Duncan		Treasurer Name Yoush Enzer, MD					
Street Address W+I Hospital 101 Dudley St		Street Address 120 Dudley St.					
City Providence	State \mathcal{R} I	Zip 02905	city Providence	State R I	Zip 0 3,905		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Robert Jangian, MD			Director Name Yoush Enzer, MD				
Street Address 120 Dudley St.		Street Address 130 Dudley St					
city Providence	State RI	Zip 02905	city Providence	State RI	Zip 02905		
Director Name Chad Nevola, MO		Director Name DAVIL DUNCAN					
Street Address 120 Dudley St.			Street Address W+I Hospital 101 Dudley St				
city Providence	State R I	Zip 02905	city Providence	State RI	Zip 0 3 9 0 5		
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.							
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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative Connie Berivino Date 6-7-18							
Signature of Officer/Authorized Representative							
FILED							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

* **F**.

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 1 1 2018

RM 631 - Revised: 11/2017

Attachment-Annual Report for 2018

Entity ID # - 000029532

Corporation - Southside Medical Center Condominium Association, Inc.

5th Director: Phillip Rizzuto, MD 130 Dudley St. Providence, RI 03905

FILED # 29532

JUN 11 2018

BY 3117 DS