



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

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

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000061629

**2. Name of Corporation** Rhode Island Society of Anesthesiologists

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813920

**4. Corporate Address in Rhode Island**

No. and Street: 405 PROMENADE STREET, SUITE A

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

NONPROFIT ORGANIZATION FOR ANESTHESIOLOGISTS PROMOTING EDUCATION

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	HERBERT CHEN MD	593 EDDY STREET, APC-10 PROVIDENCE, RI 02903 USA
TREASURER	SEVAK STEPANIAN MD	35 NEWBURY ST CRANSTON, RI 02920-8135 USA
SECRETARY	CHRISTOPHER MAGLIERI MD	32 PHILLIPS RD EAST GREENWICH, RI 02818-3437 USA
PAST PRESIDENT	RAFAEL PADILLA MD	200 MAIN STREET PAWTUCKET, RI 02860 USA
VICE PRESIDENT	EVAN BURKE MD	23 EVERETT AVE PROVIDENCE, RI 02906-3321 USA
EXECUTIVE DIRECTOR	MARC BIALEK	405 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	FRED BURGESS MD	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	JAMES GRIFFIN DO	P.O. BOX 230 WAKEFIELD, RI 02880 USA
DIRECTOR	BRETT AARON MD	52 LAKE STREET WAKEFIELD, RI 02879 USA
DIRECTOR	FRED ROTENBERG MD	45 HAZARD AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	GILDASIO DE OLIVEIRA MD	1 VIRGINIA AVE # 201 PROVIDENCE, RI 02905-4427 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARC BIALEK 405 PROMENADE STREET, SUITE A PROVIDENCE , RI 02908

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 18 Day of June, 2018 at 2:09:11 PM by the authorized person.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARC BIALEK  
Signature of Authorized Person

Form No. 631  
Revised 09/07