



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2018 JUL 27 PM 3:42

1. Entity ID Number <b>000011297</b>		2. Exact name of the Corporation <b>EAST SIDE SURGICAL GROUP, INC</b>												
3. Principal Office Address <b>RIVER FARMS LOFT CONDO 10 EXCHANGE STREET APT 601</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>									
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>SURGICAL SERVICES</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>STEVEN I COHEN MD</b>			Vice-President Name											
Street Address <b>10 EXCHANGE STREET APT 601</b>			Street Address											
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIALS</th> <th>PAR VA. UF</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CNP</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIALS	PAR VA. UF	1000	CNP	\$0.00			
			NUMBER OF SHARES	CLASS/SERIALS	PAR VA. UF									
1000	CNP	\$0.00												
11. 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.														
<b>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.</b>														
Name of Authorized Representative <b>STEVEN I COHEN MD</b>				Date <b>7/27/2018</b>										
Signature of Authorized Representative <i>Steven I. Cohen</i>				SIGN DOCUMENT HERE										

FILED

 MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

 3:44 JUL 27 2018  
 BY *[Signature]* 335817  
 FORM 630 - Revised: 10/2017