



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JUL 27 PM 3:42

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

1. Entity ID Number 000011297		2. Exact name of the Corporation EAST SIDE SURGICAL GROUP, INC			
3. Principal Office Address RIVER FARMS LOFT CONDO 10 EXCHANGE STREET APT 601		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island SURGICAL SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN I COHEN MD			Vice-President Name		
Street Address 10 EXCHANGE STREET APT 601			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000		\$0.00
			CLASS/SERIES CNP		
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.					
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 Representative STEVEN I COHEN MD				Date 7/27/2018	
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

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