



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

Fee: \$50.00

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

**Business Corporation
Annual Report**

Filing Period: January 1 - March 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.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 000135696

2. Name of Corporation Endoscopy Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 44 WEST RIVER STREET

City or Town: PROVIDENCE

State: RI Zip: 02904 Country: USA

4. Business Phone No.

5. State of Incorporation

State: RI

ARTICLE III

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.

621910

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

AMBULATORY SURGERY CENTER (ENDOSCOPY)

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	ALYN L. ADRAIN M.D.	44 WEST RIVER STREET, 2ND FL PROVIDENCE, RI 02904 USA

SECRETARY	SAMIR ASHOK SHAH M.D.	44 WEST RIVER STREET, 2ND FL PROVIDENCE, RI 02904 USA
PRESIDENT	NEIL R GREENSPAN MD	44 WEST RVIVER STREET 2ND FLOOR PROVIDENCE, RI 02904- USA
VICE PRESIDENT	DAVID SCHREIBER M.D.	44 WEST RIVER STREET, 2ND FL PROVIDENCE, RI 02904 USA
VICE PRESIDENT	JEREMY SPECTOR M.D.	44 WEST RIVER STREET, 2ND FL PROVIDENCE, RI 02904 USA
VICE PRESIDENT	BRETT D. KALMOWITZ M.D.	44 WEST RIVER STREET, 2ND FL PROVIDENCE, RI 02904 USA
VICE PRESIDENT	VALLEY DREISBACH M.D.	44 WEST RIVER STREET, 2ND FL PROVIDENCE, RI 02904 USA
DIRECTOR	NEIL R. GREENSPAN M.D.	44 WEST RIVER STREET, 2ND FL PROVIDENCE, RI 02904 USA
DIRECTOR	DAVID SCHREIBER M.D.	44 WEST RIVER STREET, 2ND FL PROVIDENCE, RI 02904 USA
DIRECTOR	JEREMY SPECTOR M.D.	44 WEST RIVER STREET, 2ND FL PROVIDENCE, RI 02904 USA
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DIRECTOR	VALLEY DREISBACH M.D.	44 WEST RIVER STREET, 2ND FL PROVIDENCE, RI 02904 USA
DIRECTOR	ALYN L. ADRAIN M.D.	44 WEST RIVER STREET, 2ND FL PROVIDENCE, RI 02904 USA
DIRECTOR	SAMIR ASHOK SHAH M.D.	44 WEST RIVER STREET, 2ND FL PROVIDENCE, RI 02904 USA

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	8,000.00	630

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 14 Day of February, 2019 at 2:43:26 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 CYNTHIA J. WARREN, ESQUIRE
Signature of Authorized Representative of the Corporation

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