



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

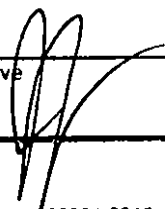
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

MAR 25 2019

BY

13681 OS

1. Entity ID Number <b>4185209</b>		2. Exact name of the Corporation <b>Cardiovascular Institute of New England, P.C.</b>										
3. Principal Office Address <b>68 Cumberland Street, Ste. 103</b>		City <b>Woonsocket</b>	State <b>RI</b>									
		Zip <b>02895</b>										
4. NAICS Code <b>621111</b>	6. Brief description of the character of business conducted in Rhode Island <b>To provide cardiovascular services and to engage in any business related thereto.</b>											
5. State of Incorporation <b>Rhode Island</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>Joseph Mazza, M.D.</b>		Vice-President Name <b>Sajid Siddiq, M.D.</b>										
Street Address <b>68 Cumberland Street, Ste. 103</b>		Street Address <b>68 Cumberland Street, Ste. 103</b>										
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>									
Zip <b>02895</b>		Zip <b>02895</b>										
Secretary Name <b>Sajid Siddiq, M.D.</b>		Treasurer Name <b>Joseph Mazza, M.D.</b>										
Street Address <b>68 Cumberland Street, Ste. 103</b>		Street Address <b>68 Cumberland Street, Ste. 103</b>										
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>									
Zip <b>02895</b>		Zip <b>02895</b>										
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>												
Director Name <b>Joseph Mazza, M.D.</b>		Director Name <b>Sajid Siddiq, M.D.</b>										
Street Address <b>68 Cumberland Street, Ste. 103</b>		Street Address <b>68 Cumberland Street, Ste. 103</b>										
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>									
Zip <b>02895</b>		Zip <b>02895</b>										
Director Name <b>George Bourganos, M.D.</b>		Director Name <b>Thomas Lanna, M.D.</b>										
Street Address <b>68 Cumberland Street, Ste. 103</b>		Street Address <b>68 Cumberland Street, Ste. 103</b>										
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>									
Zip <b>02895</b>		Zip <b>02895</b>										
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>Class A Common</td> <td>No par value</td> </tr> <tr> <td>959</td> <td>Class B Common</td> <td>No par value</td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8	Class A Common	No par value	959	Class B Common	No par value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
8	Class A Common	No par value										
959	Class B Common	No par value										
Changes require an additional filing.												
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 <b>Joseph Mazza, M.D.</b>			Date <b>3/19/19</b>									
Signature of Authorized Representative 												

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017

CARDIOVASCULAR INSTITUTE OF NEW ENGLAND, PC  
Corp. ID #485209  
Attachment to 2019 Annual Report

Additional Directors:

A. Rita Peter-Faherty, M.D.  
68 Cumberland Street, Ste. 103  
Woonsocket, RI 02895

N. Christopher Kelley, M.D.  
68 Cumberland Street, Ste. 103  
Woonsocket, RI 02895

David Donaldson, M.D.  
68 Cumberland Street, Ste. 103  
Woonsocket, RI 02895

Richard Regnante, M.D.  
68 Cumberland Street, Ste. 103  
Woonsocket, RI 02895

FILED

MAR 25 2019

BY

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JD 485209