



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

Annual Report for the year: 2021
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

FEB 05 2021

BY *[Signature]*

1. Entity ID Number 87814		2. Exact name of the Corporation Endovascular & Interventional Associates, Inc.	
3. Principal Office Address 1130 Ten Rod Road		City North Kingstown	State RI
		Zip 02852	
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island Medical 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 Landy P. Paoletta, MD		Vice-President Name Robert Binek, MD	
Street Address 1130 Ten Rod Road		Street Address 1130 Ten Rod Road	
City North Kingstown	State RI	Zip 02852	City North Kingstown
Secretary Name Robert Binek, MD		Treasurer Name Landy P. Paoletta	
Street Address 1130 Ten Rod Road		Street Address 1130 Ten Rod Road	
City North Kingstown	State RI	Zip 02852	City North Kingstown
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 200	CLASS/SERIES Common
		PAR VALUE No Par	
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 Landy P. Paoletta, MD			Date 1/25/2021
Signature of Authorized Representative <i>[Signature]</i>			