



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 25 2021
 BY HSS

- 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 485209		2. Exact name of the Corporation Cardiovascular Institute of New England, P.C.			
3. Principal Office Address 68 Cumberland Street, Ste. 103			City Woonsocket	State RI	Zip 02895
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To provide cardiovascular services and to engage in any business related thereto.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Mazza, M.D.			Vice-President Name Sajid Siddiq, M.D.		
Street Address 68 Cumberland Street, Ste. 103			Street Address 68 Cumberland Street, Ste. 103		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Sajid Siddiq, M.D.			Treasurer Name Joseph Mazza, M.D.		
Street Address 68 Cumberland Street, Ste. 103			Street Address 68 Cumberland Street, Ste. 103		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Joseph Mazza, M.D.			Director Name Sajid Siddiq, M.D.		
Street Address 68 Cumberland Street, Ste. 103			Street Address 68 Cumberland Street, Ste. 103		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name George Bourganos, M.D.			Director Name Thomas Lanna, M.D.		
Street Address 68 Cumberland Street, Ste. 103			Street Address 68 Cumberland Street, Ste. 103		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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		CLASS/SERIES	
		8		Class A Common	
		959		Class B Common	
				PAR VALUE	
				No par value	
				No par value	
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 Joseph Mazza, M.D.				Date	
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

CARDIOVASCULAR INSTITUTE OF NEW ENGLAND, PC
Corp. ID #485209
Attachment to 2021 Annual Report

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BY

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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

Florian Koci, M.D.
68 Cumberland Street, Suite 103
Woonsocket, RI 02895

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