



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000061629

2. Name of Corporation Rhode Island Society of Anesthesiologists

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813920

4. Principal Office Address

No. and Street: 405 PROMENADE STREET, SUITE A

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

NONPROFIT ORGANIZATION FOR ANESTHESIOLOGISTS PROMOTING EDUCATION

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SEVAK STEPANIAN MD	405 PROMENADE ST, SUITE A PROVIDENCE, RI 02908 USA
TREASURER	CHRISTOPHER MALGIERI MD	405 PROMENADE ST, SUITE A PROVIDENCE, RI 02908 USA
IMMEDIATE PAST PRESIDENT	HERBERT CHEN MD	405 PROMENADE ST, SUITE A PROVIDENCE, RI 02908 USA
EXECUTIVE DIRECTOR	MARC BIALEK	405 PROMENADE ST PROVIDENCE, RI 02908 USA
VICE PRESIDENT	ALEXANDER COHEN MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	GILDASIO DE OLIVEIRA MD	1 VIRGINIA AVE # 201 PROVIDENCE, RI 02905-4427 USA
DIRECTOR	MICHELLE GORGONE MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	DEERAN PATEL MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	JAMES PARK MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARC BIALEK 405 PROMENADE STREET, SUITE A PROVIDENCE , RI 02908

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of June, 2021 at 10:57:46 AM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARC BIALEK
Signature of Authorized Person

Form No. 631
Revised 09/07