



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

Fee: \$50.00

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

**Limited Liability Company  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2022

**1. ID No.** 000504537

**2. Exact Name of the Limited Liability Company** Providence Interventional Pain, LLC

**3. State of Formation**

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.

621111

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

MEDICAL OFFICE

**5. Principal Office Address**

No. and Street: 20 CUMBERLANDHILL RD

SUITE 105

City or Town: WOONSOCKET

State: RI Zip: 02895 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: ASHRAF FARID, MD Contact Title: PROVIDENCE INTERVENTIONAL PAIN,LLC

No. and Street: 20 CUMBERLAND HILL RD

SUITE#105

City or Town: WOONSOCKET

State: RI Zip: 02895 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ASHRAF FARID 20 CUMBERLAND HILL ROAD, SUITE 105 WOONSOCKET , RI 02895

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 21 Day of January, 2022 at 9:04:11 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 § 7-16.*

By ASHRAF FARID  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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