



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

No Fee

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

**Business Corporation  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2022

**1. Corporate ID No.** 000135696

**2. Name of Corporation** Endoscopy Associates, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 44 WEST RIVER STREET  
2 FLOOR

City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

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.

621910

**6. Brief Description of the Character of Business Conducted in Rhode Island**

AMBULATORY SURGERY CENTER (ENDOSCOPY)

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the**

**title** Incorporator is no longer applicable; please delete.

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PRESIDENT    | NEIL R. GREENSPAN MD                                  | 44 WEST RIVER STREET<br>PROVIDENCE, RI 02904 USA                  |
| DIRECTOR     | DANIEL J GREENWALD M.D.                               | 44 WEST RIVER STREET, 2ND FLOOR<br>PROVIDENCE, RI 02904 USA       |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CNP            |                 | \$0.0000            | 8,000.00   | 880  |

**9. 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.**

**Signed this 21 Day of September, 2022 at 9:54:36 AM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By E. COLBY CAMERON ESQ.

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

September 21, 2022 09:54 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

