

**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**Foreign Non-Profit  
Annual Report**

Filing Period: February 1 - May 1

*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:** 2023**1. Corporate ID No.** 001704933**2. Name of Corporation** RHODE ISLAND SOCIETY OF INTERVENTIONAL PAIN  
PHYSICIANS, INC.**3. State of Incorporation**State: DE**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

813910**4. Principal Office Address**No. and Street: 593 EDDY STREET, GEORGE BUILDINGCity or Town: PROVIDENCEState: RI Zip: 02903 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**SPECIALIZED MEDICAL SOCIETY**6. Names and Addresses of the Officers and Directors:****All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	ALEXIOS G. CARAYANNOPOULOS DO	593 EDDY STREET, GEORGE BUILDING PROVIDENCE, RI 02903 USA
TREASURER	KYLE SILVA, DO	903 PROVIDENCE PLACE UNIT 467 PROVIDENCE, RI 02903 USA
SECRETARY	JUSTIN LI, MD	593 EDDY ST, 1ST FLOOR GEORGE BLDG PROVIDENCE, RI 02903 USA
VICE PRESIDENT	KEITH-AUSTIN SCARFO, DO	593 EDDY ST, 1ST FLOOR GEORGE BLDG PROVIDENCE, RI 02903 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**

ALEXIOS CARAYANNOPOULOS, DO 593 EDDY STREET, GEORGE BUILDING PROVIDENCE , RI 02903

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

**Signed this 12 Day of January, 2023 at 2:05:31 PM 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 ALEXIOS CARAYANNOPOULOS, DO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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