



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

PAID 2/21/23
 CHECK # 6887
 AMOUNT 50.00

FEB 27 2023 MD
 BY 6887
ks

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 35085		2. Exact name of the Corporation Bayside Endoscopy Group, Inc.			
3. Principal Office Address 33 Staniford Street			City Providence	State RI	Zip 02905
4. NAICS Code 621999		6. Brief description of the character of business conducted in Rhode Island Manage Freestanding Ambulatory Center			
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 William T. Chen, M.D			Vice-President Name		
Street Address 33 Staniford Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			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 William T. Chen, M.D				Date 02/15/23	
Signature of Authorized Representative 					