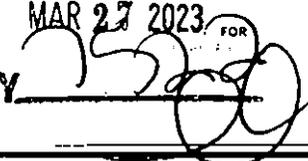




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

FILED STAMP
 MAR 27 2023
 FOR
 BY 

1. Entity ID Number 001676546		2. Exact name of the Corporation MVP ANESTHESIA ASSOCIATES, PC			
3. Principal Office Address 115 CASS AVENUE		City WOONSOCKET		State RI	Zip 02895
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island ANESTHESIA SERVICES			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRUCE NOVIS			Vice-President Name BRUCE NOVIS		
Street Address 27 INTREPID LANE			Street Address 27 INTREPID LANE		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Secretary Name BRUCE NOVIS			Treasurer Name BRUCE NOVIS		
Street Address 27 INTREPID LANE			Street Address 27 INTREPID LANE		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BRUCE NOVIS			Director Name		
Street Address 27 INTREPID LANE			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 54	CLASS/SERIES COMMON		PAR VALUE 1
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 BRUCE NOVIS, MD				Date 03/15/2023	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov