



**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

**Non-Profit Corporation  
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 - ENTER THE CURRENT FILING YEAR 2023: 2023**

**1. Corporate ID No.** 000061629

**2. Name of Corporation** Rhode Island Society of Anesthesiologists

**3. State of Incorporation**

State: RI

**NAICS CODE**

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  
813920

**4. Principal Office Address**

No. and Street: 405 PROMENADE STREET  
SUITE A

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

NONPROFIT ORGANIZATION FOR ANESTHESIOLOGISTS PROMOTING EDUCATION

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

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRIS MALGIERI	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
TREASURER	BRENDA SATTERTHWAITE	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
PAC CHAIR	CHRIS MALGIERI	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
RESIDENT DELEGATE	PATRICK VAN KIRK	405 PROMENADE ST, SUITE A PROVIDENCE, RI 02908 USA
EXECUTIVE DIRECTOR	ALI WALZ	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
IMMEDIATE PAST PRESIDENT	SEVAK STEPANIAN	405 PROMENADE ST., SUITE A PROVIDENCE, RI 02908 USA
ASA DIRECTOR FOR RI	GILDASIO DEOLIVEIRA MD	405 PROMENADE ST., SUITE A PROVIDENCE, RI 02908 USA
ALTERNATE DIRECTOR FOR RI	MICHELLE GORGONE MD	405 PROMENADE ST., SUITE A PROVIDENCE, RI 02908 USA
ASA DELEGATE	CHRIS MALGIERI	405 PROMENADE ST., SUITE A PROVIDENCE, RI 02908 USA
VICE PRESIDENT	ALEXANDER COHEN MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	GILDASIO DE OLIVEIRA MD	1 VIRGINIA AVE # 201 PROVIDENCE, RI 02905-4427 USA
DIRECTOR	MICHELLE GORGONE MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	DEERAN PATEL MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	JAMES PARK MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 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**

STACY PATERNO 405 PROMENADE STREET, SUITE A PROVIDENCE , RI 02908

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

**Signed this 23 Day of June, 2023 at 3:22:40 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 STACY PATERNO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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