



**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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001704933

2. Name of Corporation RHODE ISLAND SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS, INC.

3. State of Incorporation

State: DE

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
813910

4. Principal Office Address

No. and Street: 593 EDDY STREET, GEORGE BUILDING

City or Town: PROVIDENCE State: 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

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 30 Day of January, 2024 at 11:55:47 AM 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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