

FILED

MAR 13 2024

BY 21048
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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- 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 485209		2. Exact name of the Corporation Cardiovascular Institute of New England, P.C.			
3. Principal Office Address 6 Blackstone Valley Pl., Ste. 105			City Lincoln	State RI	Zip 02865
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To provide cardiovascular services and to engage in any business related thereto.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Joseph P. Mazza, M.D.			Vice-President Name Sajid Siddiq, M.D.		
Street Address 6 Blackstone Valley Pl., Ste. 105			Street Address 6 Blackstone Valley Pl., Ste. 105		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Sajid Siddiq, M.D.			Treasurer Name Joseph P. Mazza, M.D.		
Street Address 6 Blackstone Valley Pl., Ste. 105			Street Address 6 Blackstone Valley Pl., Ste. 105		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☒					
Director Name Joseph P. Mazza, M.D.			Director Name Sajid Siddiq, M.D.		
Street Address 6 Blackstone Valley Pl., Ste. 105			Street Address 6 Blackstone Valley Pl., Ste. 105		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name N. Christopher Kelley, M.D.			Director Name Thomas Lanna, M.D.		
Street Address 6 Blackstone Valley Pl., Ste. 105			Street Address 6 Blackstone Valley Pl., Ste. 105		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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 ☐			
		NUMBER OF SHARES		CLASS/SERIES	
		7		Class A Common	
		959		Class B Common	
				No Par Value	
				No 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 Joseph P. Mazza, M.D.					Date
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

CARDIOVASCULAR INSTITUTE OF NEW ENGLAND, PC **FILED**

Corp. ID #485209

Attachment to 2024 Annual Report

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Additional Directors:

A. Rita Peter-Faherty, M.D.
6 Blackstone Valley Pl., Ste 105
Lincoln, RI 02865

George Bourganos, M.D.
6 Blackstone Valley Pl., Ste 105
Lincoln, RI 02865