FILED

MAR 1 3 2024

BY 2108

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	2. Exact name of the Corporation
485209	Cardiovascular Institute of New England, P.C.

3. Principal Office Address	City	State	Zip
6 Blackstone Valley Pl., Ste. 105	Lincoln	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621111	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	Street Address	City	State	Zip
Joseph P. Mazza, M.D.	6 Blackstone Valley Pl., Ste. 105	Lincoln	RI	02865

Vice-President Name	Street Address	City	State	Zip
Sajid Siddiq, M.D.	6 Blackstone Valley Pl., Ste. 105	Lincoln	RI	02865

Secretary Name	Street Address	City	State	Zip
Sajid Siddiq, M.D.	6 Blackstone Valley Pl., Ste. 105	Lincoln	RI	02865

Treasurer Name	Street Address	City	State	Zip
Joseph P. Mazza, M.D.	6 Blackstone Valley Pl., Ste. 105	Lincoln	RI	02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☑

Director Name	Street Address	City	State	Zip
Joseph P. Mazza, M.D.	6 Blackstone Valley Pl., Ste. 105	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
Sajid Siddiq, M.D.	6 Blackstone Valley Pl., Ste. 105	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
N. Christopher Kelley, M.D.	6 Blackstone Valley Pl., Ste. 105	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
Thomas Lanna, M.D.	6 Blackstone Valley Pl., Ste. 105	Lincoln,	RI	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	PAR VALUE
7	Class A Common	No Par Value
959	Class B Common	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	Date
Joseph P. Mazza, M.D.	

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

FORM 630- Revised: 12/2023

CARDIOVASCULAR INSTITUTE OF NEW ENGLAND, PC

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