	hode Island ecretary of State	Fee: \$50.00
Division Of B 148 W. R Providence F	usiness Services River Street RI 02904-2615 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025		
1. ID No. <u>000162747</u>		
2. Exact Name of the Limited Liability Company <u>EAST BAY ENDOSCOPY CENTER, LLC</u>		
3. State of Formation		
State: <u>RI</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>621999</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
TO OWN AND OPERATE A PHYSICIAN OWNED ENDOSCOPY CENTER		
5. Principal Office Address		
No. and Street:33 STANIFORD STREETCity or Town:PROVIDENCE	State: <u>RI</u> Zip: <u>02905</u> Country	7: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name:WILLIAM T. CHEN, M.D.Contact TNo. and Street:33 STANIFORD STREETCity or Town:PROVIDENCE		y: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 <u>STEPHEN D. ZUBIAGO, ESQ. NIXON PEABODY LLP ONE CITIZENS PLAZA, SUITE 500</u>		

PROVIDENCE, RI 02903

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of January, 2025 at 11:04:07 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 § 7-16.

By <u>WILLIAM T. CHEN, M.D.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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