



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 YEAR 2025:** 2025

1. Corporate ID No. 000109191

2. Name of Corporation Anchor Medical Associates

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

621111

4. Principal Office Address

No. and Street: ONE COMMERCE STREET

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

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

TO PROVIDE MEDICAL SERVICES TO THE SICK AND INJURED.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	NATHAN B. BERAHA MD	ONE COMMERCE STREET LINCOLN, RI 02865 USA
BOARD MEMBER	MALINI C GILLEN MD	1 COMMERCE ST., STE 100 LINCOLN, RI 02865 USA
DIRECTOR	STEPHANIE P FAVREAU MD	400 BALD HILL RD., STE 520 WARWICK, RI 02886 USA
DIRECTOR	WALTER J. GOULA MD	180 CORLISS STREET PROVIDENCE, RI 02904 USA
DIRECTOR	DIANE R. SIEDLECKI MD	180 CORLISS STREET PROVIDENCE, RI 02904 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**

DON E. WINEBERG, ESQ. ONE PARK ROW, SUITE 300 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 13 Day of February, 2025 at 5:06:18 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 NATHAN B. BERAHA, MD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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