RI SOS Filing Number: 202566750120 Date: 3/4/2025 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

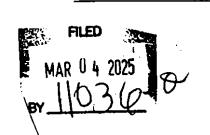
Annual Report for the year: 2025

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 nan	2. Exact name of the Corporation						
87814	Endova	Endovascular & Interventional Associates, Inc.						
3. Principal Office Address	<u> </u>		City		State	Zip		
1130 Ten Rod Road			North Kir	ngstown	RI	02852		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
621111	Medical	Medical Services						
5. State of Incorporation								
RI		_						
7. List ALL officers (names and	addresses)		Ivian Densidae	4 Nome		ndicate an attachment 🔲		
President Name Landy P. Paolella, MD			Vice-President Name Robert Binek, MD					
Street Address 1130 Ten Rod Road			Street Address 1130 Ten Rod Road					
^{City} North Kingstown	State RI	^{Zip} 02852	City North	Kingstown	State RI	^{Zip} 02852		
Secretary Name Robert Binek, MD			Treasurer Name Landy P. Paolella, MD					
Street Address 1130 Ten Rod Road			Street Address 1130 Ten Rod Road					
^{City} North Kingstown	State RI	^{Zip} 02852	City North	^{City} North Kingstown		^{Zip} 02852		
8. List ALL directors (names and	d addresses)		1		k the box to i	ndicate an attachment 🗀		
Director Name			Director Name	2				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment				
This Information is currently of record in the Department of State. Changes require an additional filing.		200			CLASS/SERIES PAR VALUE			
				Common		No Par		
	_							
11. This report must be execute					poration is in	the hands of a receiver or		
trustee, this report must be executed under penalty of perjury, I de	clare and affirm	that I have examin	ed this report, i	ncluding any acco	ompanying s	chedules and		
statements, and that all states	ments contained				Date	· · · · · · · · · · · · · · · · · · ·		
Name of Authorized Representative Landy P. Paolella, MD						2-10-2025		
	antativa							
Signature of Authorized Repres								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov