



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.

FILED

MAR 04 2025

BY

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|   |                    |  |   |                    |                          |
|---|--------------------|--|---|--------------------|--------------------------|
| 1. Entity ID Number<br><b>87814</b>   |                    | 2. Exact name of the Corporation<br><b>Endovascular &amp; Interventional Associates, Inc.</b>          |   |                    |                          |
| 3. Principal Office Address<br><b>1130 Ten Rod Road</b>   |                    |  | City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>      |
| 4. NAICS Code<br><b>621111</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Medical Services</b> |   |                    |                          |
| 5. State of Incorporation<br><b>RI</b>  |                    |  |   |                    |                          |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                    |                          |
| President Name<br><b>Landy P. Paoella, MD</b>   |                    |  | Vice-President Name<br><b>Robert Binek, MD</b>  |                    |                          |
| Street Address<br><b>1130 Ten Rod Road</b>  |                    |  | Street Address<br><b>1130 Ten Rod Road</b>  |                    |                          |
| City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>  | City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>      |
| Secretary Name<br><b>Robert Binek, MD</b>   |                    |  | Treasurer Name<br><b>Landy P. Paoella, MD</b>   |                    |                          |
| Street Address<br><b>1130 Ten Rod Road</b>  |                    |  | Street Address<br><b>1130 Ten Rod Road</b>  |                    |                          |
| City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>  | City<br><b>North Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02852</b>      |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |                          |
| Director Name   |                    |  | Director Name   |                    |                          |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                          |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    |  | NUMBER OF SHARES  |                    |                          |
|   |                    |  | CLASS/SERIES  |                    |                          |
|   |                    |  | 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. |                    |  |   |                    |                          |
| <b>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.</b>                                       |                    |  |   |                    |                          |
| Name of Authorized Representative<br><b>Landy P. Paoella, MD</b>  |                    |  |   |                    | Date<br><b>2-10-2025</b> |
| Signature of Authorized Representative<br>  |                    |  |   |                    |                          |

## MAIL TO:

Division of Business Services

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