



**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. 001771671

2. Name of Corporation St. Joseph Hospital School of Nurse Anesthetists

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

999999

4. Principal Office Address

No. and Street: 42 ORIENTAL STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

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

(A) TO PROVIDE EDUCATION AND TRAINING TO NURSE ANESTHETISTS;

(B) TO OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES

WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF

1986, AS

AMENDED, OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED

STATES INTERNAL
REVENUE LAW, AND NOTWITHSTANDING ANY OTHER PROVISION OF THESE
ARTICLES, THE
CORPORATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED
TO BE
CARRIED ON
BY A CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER THIS
SECTION; AND

(C) TO DO ANY AND ALL THINGS NECESSARY, SUITABLE OR PROPER FOR THE
ATTAINMENT OF
ANY AND ALL OF THE FOREGOING PURPOSES, AND SUBJECT TO THE
LIMITATIONS
HEREINAFTER
CONTAINED, AND TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH A
NON-PROFIT
CORPORATION
MAY BE ORGANIZED UNDER CHAPTER 7-6 OF THE GENERAL LAWS OF RHODE
ISLAND, AS
AMENDED, OR THE CORRESPONDING PROVISIONS OF ANY FUTURE STATUTE
ENACTED IN
SUBSTITUTION THEREFOR.

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
PRESIDENT	VIJAY SUDHEENDRA, M.D.	42 ORIENTAL STREET PROVIDENCE, RI 02908 USA
SECRETARY	MAXIM BASHKIROV, MD	42 ORIENTAL STREET PROVIDENCE, RI 02908 USA
DEPUTY SECRETARY	LARRY WINELAND, MD	42 ORIENTAL STREET PROVIDENCE, RI 02908 USA
VICE PRESIDENT	RICHARD PEDRO	42 ORIENTAL STREET PROVIDENCE, RI 02908 USA
DIRECTOR	VIJAY SUDHEENDRA, M.D.	42 ORIENTAL STREET PROVIDENCE, RI 02908 USA
DIRECTOR	RICHARD PEDRO, D.O.	42 ORIENTAL STREET PROVIDENCE, RI 02908 USA
DIRECTOR	MAXIM BASHKIROV, M.D.	42 ORIENTAL STREET PROVIDENCE, RI 02908 USA
DIRECTOR	LARRY WINELAND, M.D.	42 ORIENTAL STREET PROVIDENCE, RI 02908 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

MICHAEL G. TAUBER, ESQ. CAMERON & MITTLEMAN LLP 301 PROMENADE STREET
PROVIDENCE , RI 02908

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of May, 2025 at 2:22:14 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 VIJAY SUDHEENDRA, M.D.
Signature of Authorized Person

Form No. 631
Revised 09/07

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