



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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 17 2023
BY 10403 OS

1. Entity ID Number 87814		2. Exact name of the Corporation Endovascular & Interventional Associates, Inc.					
3. Principal Office Address 1130 Ten Rod Road				City North Kingstown		State RI	Zip 02852
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Medical Services					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Landy P. Paoella, 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		Zip 02852
Secretary Name Robert Binek, MD				Treasurer Name Landy P. Paoella, MD			
Street Address 1130 Ten Rod Road				Street Address 1130 Ten Rod Road			
City North Kingstown		State RI	Zip 02852		City North Kingstown		Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
9. Shares Authorized			10. Shares issued Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
			200		Common	No Par	
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. <i>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.</i>							
Name of Authorized Representative Landy P. Paoella, MD						Date 2/13/2023	
Signature of Authorized Representative 							

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov