Productice, RI 02504-2015 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.30Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • This Report must be typed or Printed Legibly in Black ink.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(ccrd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 56227	2. Name of Corporation CRNA ASSOCIATES, LTD.				
3. Street Address Principal Business Office 1845 Post Road			City Warwick	State Ri	<i>Ζψ</i> 0 288 6
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of Business Conducted in Rhode Island Billing office for anesthesia services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA: President Name Thomas W. Kerwin			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name JOSOPH TONG		
Street Address 65 Briarwood Drive			Street Address 1 Courtney Place		
City Seekonk	State MA	<i>շա</i> 02771	City N.Attleboro	State MA	<i>շար</i> 02760
Secretary Name Bruce S. Bennett			Treasurer Name Peter D. Rudden		
Street Address 330 Cole Street			Street Address 94 Hedgerow Drive		
Seekonk	State MA	^{Ζψ} 02771	^{Clty} Warwick	State RI	^z ij, 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Louise F. Amalfetano			Director Name Thomas Donovan		
Street Address 140 Cowesett Green Drive			Street Address 663 Pearse Road		
City Warwick Director Name	State Ri	<i>Ζψ</i> 02886	Glty Swansea Director Name	State MA	Zψ 02777
Street Address			Street Address		
Cüy	State	Ζψ	City	State	Zij)
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			600	common	none
This report must be executed o	on behalf of the corpor	oration by an authorize	d representative. If the presentative.	corporation is in the hand	s of a receiver or trustee,
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. File Date 2-13-09					
Check No. 9143 By: FOR SECRETARY OF STATE USE ONLY			Signature Peter D. Ru		Date
			Print or Type Nam Treasurer	se	
			Title	÷	Form 630 Rev. 08/08