



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molits, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>116119</u>		2. Name of Corporation <u>NEW ENGLAND ANESTHESIA MANAGEMENT SERVICES INC</u>			
3. Street Address Principal Business Office <u>25 SOUTHWICK DRIVE</u>			City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>
4. Business Phone No. <u>401-850.5945</u>		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>GERRY M McVEIGH</u>			Vice President Name <u>NONE</u>		
Street Address <u>25 SOUTHWICK DRIVE</u>			Street Address		
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>GERRY M McVEIGH</u>			Director Name <u>NONE</u>		
Street Address <u>25 SOUTHWICK DRIVE</u>			Street Address		
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>COMMON</u>	<u>NO PAR</u>	<u>600</u>	<u>COMMON</u>	<u>NO PAR</u>
			THIS SECTION MUST BE COMPLETED		

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.

FILED

File Date MAR 09 2009  
Check No. 1129  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

Signature [Signature] Date 3/7/09  
Print or Type Name GERRY M McVEIGH  
Title PRESIDENT