



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 126233		2. Exact name of the limited liability company Newport Anesthesia Partners, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Provider of anesthesiology services.			
5. Principal office address Newport Hospital, 11 Friendship Street		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mervyn H. Woolf, M.D.			Contact Title		
Street Address c/o Newport Hospital, 11 Friendship Street		City Newport	State RI	Zip 02840	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Manager Name Mervyn H. Woolf, M.D.		Manager Name Gail Petters, M.D.			
Street Address 11 Friendship Street		Street Address 11 Friendship Street			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Manager Name Arthur A. Bert, M.D.		Manager Name Hilton Bruch, M.D.			
Street Address 11 Friendship Street		Street Address 11 Friendship Street			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

126233

File Date	FILED
Check No.	NOV 09 2009
By:	By <u>10803599</u>
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 of Authorized Person [Signature] Date 11/4/09
Mervyn H. Woolf, M.D.
Print or Type Name of Authorized Person

Newport Anesthesia Partners, LLC
Corp. I.D. 126233

Attachment to 2009 Annual Report

Continued List of Managers:

Raul Masing, M.D.
11 Friendship Street
Newport, Rhode Island 02890

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By 126233