



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

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. 93398 | | 2. Name of Corporation OCEAN STATE ANESTHESIA PARTNERS, PC | | | |
| 3. Street Address Principal Business Office 43 CRESTON WAY | | | City WARWICK | State RI | Zip 02886-9407 |
| 4. Business Phone No. 401-722-2223 | | 5. State of Incorporation RI | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island PROVIDES ANESTHESIA SERVICE TO HOSPITALS, SUPERVISOR, OFFICES | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name DENISE HUBBARD | | | Vice President Name N/A | | |
| Street Address 43 CRESTON WAY | | | Street Address | | |
| City WARWICK | State RI | Zip 02886-9407 | City | State | Zip |
| Secretary Name N/A | | | Treasurer Name GARY NILSSON | | |
| Street Address | | | Street Address 69 HARRIS AVENUE | | |
| City | State | Zip | City LINCOLN | State RI | Zip 02865-4312 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name DENISE HUBBARD | | | Director Name GARY NILSSON | | |
| Street Address SAME | | | Street Address SAME | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED 2 | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 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 2 | Class/Series COMMON | Par Value 2. |
| | | | | | |

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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.

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|---------------------------------|
| FILED |
| File Date DEC 30 2009 |
| Check No. 05107248 |
| 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
GARY NILSSON
Print or Type Name
TREASURER
Title

[Signature]
Date
DENISE HUBBARD
Print or Type Name
President
Title