



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 2010

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. 64551		2. Name of Corporation Anesthesia PROfessionals, Inc.			
3. Street Address Principal Business Office 6 Highland Street			City West Warwick	State RI	Zip 02893
4. Business Phone No. 401-826-8720		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING ANESTHESIA CARE TO PATIENTS BY CRNAs.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Gauvin			Vice President Name Robert J. Gauvin		
Street Address 6 Highland Street			Street Address As above		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Sherry A. Goldin			Treasurer Name Robert J. Gauvin		
Street Address 155 South Main Street			Street Address As above		
City Providence	State RI	Zip 02903	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 None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series COMMON	Par Value NO PAR VALUE

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

FILED

JAN 21 2010

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

By: *[Signature]*
 108858

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] _____ Date _____
Sherry A. Goldin
 Print or Type Name
Secretary
 Title