



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 2011

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. 115523		2. Name of Corporation SOTHERN NEW ENGLAND ANESTHESIA & PAIN ASSOCIATES, INC.			
3. Street Address Principal Business Office 102 SMITHFIELD AVENUE		City PAWTUCKET	State RI	Zip 02860	
4. Business Phone No. 401-725-9997		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER PROFESSIONAL MEDICAL SERVICES BY PHYSICIANS SPECIALIZING IN ANESTHESIA AND DULY LICENSED TO PRACTICE MEDICINE IN THE STATE OF RHODE ISLAND.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STUART SCHNEIDERMAN, MD			Vice President Name PRADEEP CHOPRA, MD		
Street Address 102 SMITHFIELD AVENUE			Street Address 102 SMITHFIELD AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name STUART SCHNEIDERMAN, MD			Treasurer Name STUART SCHNEIDERMAN, MD		
Street Address 102 SMITHFIELD AVENUE			Street Address 102 SMITHFIELD AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STUART SCHNEIDERMAN, MD			Director Name PRADEEP CHOPRA, MD		
Street Address 102 SMITHFIELD AVENUE			Street Address 102 SMITHFIELD AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name			Director Name		
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 checked="" 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
8,000	COMMON	\$1.00	200	COMMON	\$1.00

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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

FEB 08 2011

By: *[Signature]*
136769

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] MD 1/31/11
Signature Date

STUART SCHNEIDERMAN, MD
Print or Type Name

PRESIDENT
Title

File Date _____
Check No. _____
By: _____
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