



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation**

**Fictitious Business Name Statement**

(Section 7-1.2-402 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The legal name of the applicant business corporation is: Anesthesia Care, Inc.

**SECTION II**

The fictitious business name to be used is: Anesthesia Pain Consultants

**SECTION III**

The state or territory under the laws of which it is incorporated is

State: RI Country: USA

**SECTION IV**

The date of incorporation is 07/05/1994

**SECTION V**

The address of its registered office within Rhode Island is:

No. and Street:

150 MAIN STREET

City or Town:

PAWTUCKET

State: RI

Zip: 02860-

Name:

JAMES A. BRIDEN

**SECTION VI**

The business in which it is engaged

TO RENDER PROFESSIONAL MEDICAL SERVICES BY DULY LICENSED RI PHYSICIANS  
SPECIALIZING IN ANESTHESIOLOGY.

**SECTION VII**

Applicant is otherwise authorized to do business in the state of Rhode Island.

**Signed this 4 Day of October, 2011 at 5:13:19 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

Anesthesia Care, Inc.  
Name of Applicant Corporation

PETER E BAZIOTIS MD  
Signature of Authorized Officer

Form No. 624  
Revised 09/07

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