RALPH MOLL SI	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Limited Liability Com Annual Report Filing Period: September 1 -			
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.			
ANNUAL REPORT YEAR: 2013			
1. ID No. <u>000160833</u>			
2. Exact Name of the Limited Liability Company <u>Newport CRNA Services LLC</u>			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>Hospital based anesthesia services.</u>			
5. Principal Office Address			
	<u>65 HALL AVENUE</u> <u>NEWPORT</u> State: <u>RI</u> Zip: <u>02840</u> Country: <u>USA</u>		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact			
	HALL AVE WPORT State: <u>RI</u>	Zip: 02840 Count	ry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zi	ip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
JAMES PEACOCK 65 HALL AVENUE NEWPORT , RI 02840-			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

Signed this 26 Day of September, 2013 at 8:22:47 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JAMES E PEACOCK Signature of Authorized Person

Form No. 632 Revised 09/07

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