



**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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 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. 000519584

2. Exact Name of the Limited Liability Company Sound Asleep Anesthesia, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Anesthesiology practice

5. Principal Office Address

No. and Street: 91 SEABREEZE TERR

City or Town: SOUTH KINGSTOWN

State: RI

Zip: 02879

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: HENRY CABRERA Contact Title:

No. and Street: 91 SEABREEZE TERR

City or Town: SOUTH KINGSTOWN

State: RI

Zip: 02879

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	HENRY CABRERA	100 KENYON AVENUE WAKEFIELD, RI 02879 USA
MANAGER	HENRY CABRERA	

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

HENRY CABRERA SOUTH COUNTY HOSPITAL 100 KENYON AVENUE WAKEFIELD , RI 02879

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of September, 2013 at 9:20:48 AM 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 SOUND ASLEEP ANESTHESIA, LLC
Signature of Authorized Person

Form No. 632
Revised 09/07

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