

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact nan	Exact name of the limited liability company     Anesthesia Associates of Kent County, LLC				
153254	Anesthe					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	To provid	de physician ar	nesthesia services at the	Kent County Men	norial Hospital.	
5. Principal office address 455 Toll Gate Road			City <b>Warwick</b>	State RI	Zip <b>02886</b>	
6. MAILING ADDRESS OF L	IMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name John Comito, D.O.			Contact Title			
Street Address 455 Toll Gate Road			City <b>Warwick</b>	State RI	Zip <b>02886</b>	
7. LIST ALL MANAGERS (N ("X" BOX FOR ATTACHM		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <b>DO</b>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHO	ODE ISLAND			1		
This information is currently	y of record in the	Office of the Secr	retary of State. Changes require	e filing Form 642.		

## **FILED**

OCT 2 4 2013

BY 108005357 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, File Date and that all statements contained herein are true and correct. Check No \_ of Authorized Person John Comito, D.O. FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012