



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 115523		2. Exact name of the Corporation SOUTHERN NEW ENGLAND ANESTHESIA & PAIN ASSOCIATES, INC.					
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
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				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				200	COMMON	\$1.00	

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 17 2015
 99604

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.

Stuart Schneiderman MD 2/11/15
 Signature of Authorized Representative Date

STUART SCHNEIDERMAN, MD, PRESIDENT

Print or Type Name of Authorized Representative