



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 2016

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. 64551		2. Exact name of the Corporation Anesthesia PROfessionals, Inc.			
3. Principal office address 10 Weybosset Street, 8th Fl.			City Providence	State RI	Zip 02903
4. Business Phone No. 401-861-7400		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island PROVIDING ANESTHESIA CARE TO PATIENTS BY CRNAs.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert J. Gauvin			Vice-President Name Robert J. Gauvin		
Street Address 77 Wollcott Avenue, Suite 105			Street Address As above		
City Darmouth	State MA	Zip 02747	City	State	Zip
Secretary Name Sherry A. Goldin			Treasurer Name Robert J. Gauvin		
Street Address 10 Weybosset Street, 8th Fl.			Street Address As above		
City Providence	State RI	Zip 02903	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	NO PAR VALUE

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

JAN 14 2016

BY HL 1685

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.

Signature of Authorized Representative [Signature] Date 1-12-16
Sherry A. Goldin
 Print or Type Name of Authorized Representative