



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

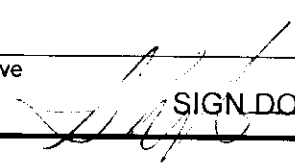
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR

1. Entity ID Number 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 Number: 401-861-7400		6. Brief description of the character of business conducted in Rhode Island PROVIDING ANESTHESIA CARE TO PATIENTS BY CRNAS.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. Gauvin			Vice-President Name Robert J. Gauvin		
Street Address 77 Wolcott Avenue, Suite 105			Street Address As Above		
City Dartmouth	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) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
11. 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. 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.					
Name of Authorized Representative Sherry A. Goldin					Date 1/10/16
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 12 2017

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FORM 630 - Revised: 08/2016