



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 621511		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			
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 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) Check the box to indicate an 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 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		COMMON	\$1.00
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. <i>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.</i>					
Name of Authorized Representative STUART SCHNEIDERMAN, MD, PRESIDENT					Date 2/15/18
Signature of Authorized Representative MD					

FILED

FEB 20 2018

BY 11570

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