RI SOS Filing Number: 201860310230 Date: 3/15/2018 4:00:00 PM

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 Corporate ID No. | 2 Name of Corporation |
|---|---|
| 486309 | Sandman Anesthetics, Ltd. |

| 3 Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 1 Reverie Lane | Lincoln | RI | 02865 |

| 4 NAICS Code | 5 State of Incorporation |
|---|---|
| 621112 | Massachusetts |

6 Brief Description of the Character of Business Conducted in Rhode Island
Provide professional nurse anesthetist services.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| President Name | Vice President Name |
|---|---|
| Julie A. DiManni-Pelletier | |
| Street Address: 1 Reverie Lane | Street Address: |
| City: Lincoln; State: RI; Zip: 02865 | City: ; State: ; Zip: |
| Secretary Name: Arline DiManni | Treasurer Name: Michael L. Pelletier |
| Street Address: 1 Reverie Lane | Street Address: 1 Reverie Lane |
| City: Lincoln; State: RI; Zip: 02865 | City: Lincoln; State: RI; Zip: 02865 |

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| Director Name | Director Name |
|---|---|
| Julie A. DiManni-Pelletier | |
| Street Address: 1 Reverie Lane | Street Address: |
| City: Lincoln; State: RI; Zip: 02865 | City: ; State: ; Zip: |
| Director Name | Director Name |
| Street Address | Street Address |
| City; State; Zip | City; State; Zip |

9. SHARES AUTHORIZED: *("X" BOX FOR ATTACHMENT)* ☐

10. SHARES ISSUED: *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES THIS SECTION MUST BE COMPLETED

| Number of Shares | Class Series | Par Value |
|---|---|---|
| 100 shares common stock of $.01 par value | | |

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.

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.***

Signature — Date: 2.23.18

Julie DiManni-Pelletier
Print or Type Name

President
Title

FILED
MAR 15 2018
BY 1235 DS

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

Form 630 – Revised. 10/2016