



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 000950845

2. Exact Name of the Limited Liability Company SOUTH COUNTY ANESTHESIA ASSOCIATES, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621111

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ANESTHESIOLOGY

5. Principal Office Address

No. and Street: C/O HEALTH MANAGEMENT ASSOCIATES, INC.

1342 BELMONT STREET, SUITE 205

City or Town: BROCKTON

State: MA Zip: 02301 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JAMES GRIFFIN, D.O. Contact Title:

No. and Street: P.O. BOX 230

City or Town: WAKEFIELD

State: RI

Zip: 02880

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	HENRY CABRERA M.D.	3812 COMMODORE PERRY HIGHWAY WAKEFIELD, RI 02879 USA
MANAGER	ROBERT CHINN M.D.	23 EGRET LANE WAKEFIELD, RI 02879 USA
MANAGER	NINA JI, M.D.	87 BRAMBLE BUSH ROAD COVENTRY, RI 02816 USA
MANAGER	JOHN GRAHAM M.D.	137 DOCKRAY STREET WAKEFIELD, RI 02879 USA
MANAGER	JAMES GRIFFIN DO	169 POST ROAD WAKEFIELD, RI 02879 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

JEFFREY F. CHASE-LUBITZ, ESQ. ONE RICHMOND SQUARE, SUITE 165W BARRETT & SINGAL,
P.C. PROVIDENCE , RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 20 Day of November, 2018 at 12:05:14 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JAMES GRIFFIN, D.O.
Signature of Authorized Person

Form No. 632
Revised 09/07

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