STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
135144	New England Anesthesiologists, Inc.			
3. Street Address Principal Business Office		City	State	Zip
22 PASCO CIRCLE		WARWICK	RI	02886-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-884-1422	RHODE ISLAND			9217

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE AN ANESTHESIOLOGY PRACTICE

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

President Name			Vice President Name		
Timothy Connelly, D.O.			None		
Street Address			Street Address		
22 Pasco Circle					
City	State	Zip	City	State	Zip
Warwick	RI	02886			
Secretary Name			Treasurer Name		
Timothy Connelly, D.O.			Timothy Connelly, D.O.		
Street Address			Street Address		
22 Pasco Circle			22 Pasco Circle		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886

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

Director Name			Director Name		
Timothy Connelly, D.O.					
Street Address			Street Address		
22 Pasco Circle					
City	State	Zip	City	State	Zip
Warwick	RI	02886			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 $.01 PAR VALUE			1,000	Common	$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 135144

135144 DBC 02/23/05 02:54:40 PM
File Date 9/21/05
Check No. 1351 / CM596
By: Kmc
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Timothy M Connelly 8/15/2005
Signature of Officer *Date*

Timothy Connelly, D.O.
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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Matthew A. Brown, Secretary of State
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100 North Main Street, Providence, RI 02903-1335
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(401)884-1422	RHODE ISLAND			9217

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE AN ANESTHESIOLOGY PRACTICE

NAMES AND ADDRESSES OF THE OFFICERS (☐ BOX IF ATTACHMENT) ☐ FILL IN SPACES BELOW IF USING ATTACHMENTS

President Name			Vice President Name		
Timothy Connelly, DO			None		
Street Address			Street Address		
22 Pasco Circle					
City	State	Zip	City	State	Zip
Warwick	RI	02886			
Secretary Name			**Treasurer Name**		
Timothy Connelly, DO			Timothy Connelly, DO		
Street Address			Street Address		
22 Pasco Circle			22 Pasco Circle		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886

NAMES AND ADDRESSES OF THE DIRECTORS (☐ BOX IF ATTACHMENT) ☐ FILL IN SPACES BELOW IF USING ATTACHMENTS

Director Name			Director Name		
Timothy Connelly, DO					
Street Address			Street Address		
22 Pasco Circle					
City	State	Zip	City	State	Zip
Warwick	RI	02886			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

NO. SHARES AUTHORIZED (☐ BOX IF ATTACHMENT) ☐ NO. SHARES ISSUED (☐ BOX IF ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 $.01 PAR VALUE			1,000	Common	$.01

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 135144 [redacted]

135144 DBC 12/31/03 03:06:34 PM
File Date FILED
Check No. MAY 18 2004
By By M31690
FOR SECRETARY OF STATE USE ONLY

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.

Timothy Connelly 4-2-04
Signature of Officer Date

Timothy Connelly, DO
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01