



**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

**Professional Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000093398

**2. Name of Corporation** Ocean State Anesthesia Partners, Professional Corporation

**3. Street Address Principal Business Office:**

No. and Street: 43 CRESTON WAY  
City or Town: WARWICK

State: RI Zip: 02886 Country: USA

**4. Business Phone No.**

4019351439

**5. State of Incorporation**

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.

621399

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO PROVIDE ANESTHESIA/NURSING CARE MEDICAL SERVICES AND ACTIVITIES  
RELATED  
THERE TO.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

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

PRESIDENT	DENISE C HUBBARD	43 CRESTON WAY WARWICK, RI 02886 USA
OTHER OFFICER	GARY NILSSON	69 HARRIS AVENUE LINCOLN, RI

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	2

**9. 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.**

**Signed this 23 Day of March, 2020 at 6:35:19 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DENISE C HUBBARD  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2020 State of Rhode Island and Providence Plantations  
All Rights Reserved