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			
93398	Ocean State Anesthesia Partners, ProfessionalCorporation			
3. Street Address Principal Business Office		City	State	Zip
43 CRESTON WAY		WARWICK	RI	02886
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4018858153	RHODE ISLAND			9886

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE NURSING CARE MEDICAL SERVICES AND ACTIVITIES RELATED THERETO.

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

President Name			Vice President Name		
Denise C. Hubbard			Gary E. Nilsson		
Street Address			Street Address		
43 Creston Way			43 Creston Way		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
Secretary Name			**Treasurer Name**		
Gary E. Nilsson			Denise C. Hubbard		
Street Address			Street Address		
43 Creston Way			43 Creston Way		
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		
N/A					
Street Address			Street Address		
City	State	Zip	City	State	Zip
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*
1,000 NO PAR VALUE			100	common	no par value

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

[redacted] 9 3 3 9 8

93398 DBC 01/12/05 01:52:25 PM
File Date 1-21-05
Check No. 17306
By: Dr
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.

Denise C. Hubbard 1/14/05
Signature of Officer *Date*

Denise C. Hubbard
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
93398	Ocean State Anesthesia Partners, ProfessionalCorporation			
3. Street Address Principal Business Office		City	State	Zip
43 CRESTON WAY		WARWICK	RI	02886
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4018858153	RHODE ISLAND			9886

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE NURSING CARE MEDICAL SERVICES AND ACTIVITIES RELATED THERETO.

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

President Name			Vice President Name		
Denise C. Hubbard			Gary E. Nilsson		
Street Address			Street Address		
43 Creston Way			43 Creston Way		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
Secretary Name			**Treasurer Name**		
Gary E. Nilsson			Denise C. Hubbard		
Street Address			Street Address		
43 Creston Way			43 Creston Way		
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		
N/A					
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
1,000 NO PAR VALUE			100	common	No par value

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

[redacted] 9 3 3 9 8

93398 DBC 02/06/04 04:56:30 PM
File Date 3/3/04
Check No. 160295
By: SC
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.

Denise C. Hubbard 2/23/04
Signature of Officer *Date*

Denise C. Hubbard
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
93398	Ocean State Anesthesia Partners, ProfessionalCorporation			
3. Street Address Principal Business Office		City	State	Zip
43 CRESTON WAY		WARWICK	RI	02886
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4018858153	RHODE ISLAND			9886

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE NURSING CARE MEDICAL SERVICES AND ACTIVITIES RELATED THERETO.

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

President Name			Vice President Name		
Denise C. Hubbard			Gary E. Nilsson		
Street Address			Street Address		
43 Creston Way			43 Creston Way		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
Secretary Name			**Treasurer Name**		
Gary E. Nilsson			Denise C. Hubbard		
Street Address			Street Address		
43 Creston Way			43 Creston Way		
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		
N/A					
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
1,000 NO PAR VALUE			100	common	No par value

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

[redacted] [redacted]

93398 D8C1/27/033:54:47 PM
File Date 2.21.03
Check No. 15109
By: LCP
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.

Denise C. Hubbard 2/21/03
Signature of Officer *Date*

Denise C. Hubbard
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93398

2. Name of Corporation Ocean State Anesthesia Partners, ProfessionalCorporation

3. Street Address Principal Business Office 43 Creston Way

City Warwick *State* RI *Zip* 02886

4. Business Phone No. (401) 885-8153

5. State of Incorporation RHODE ISLAND

6. SIC Code 9886

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide nursing care medical services and activities related thereto.

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

President Name Denise C Hubbard
Street Address 43 Creston Way
City Warwick *State* RI *Zip* 02886

Vice President Name Gary E Nilsson
Street Address 43 Creston Way
City Warwick *State* RI *Zip* 02886

Secretary Name Gary E Nilsson
Street Address 43 Creston Way
City Warwick *State* RI *Zip* 02886

Treasurer Name Denise C Hubbard
Street Address 43 Creston Way
City Warwick *State* RI *Zip* 02886

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

Director Name N/A
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	No par value

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

* 9 3 3 9 8 *

File Date: 4-11-02

Check No.: 13916

By: Dc

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.

Denise C Hubbard 4/26/02
Signature of Officer *Date*

Denise C Hubbard
Print or Type Name of Officer

President
Title of Officer

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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
93398

2. Name of Corporation
Ocean State Anesthesia Partners, ProfessionalCorporation

3. Street Address Principal Business Office
43 Creston Way

City
Warwick

State
RI

Zip
02886

4. Business Phone No.
(401) 885-8153

5. State of Incorporation
RHODE ISLAND

6. SIC Code
9886

7. Brief Description of the Character of Business Conducted in Rhode Island
Medical Services

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

President Name
Denise C. Hubbard
Street Address
43 Creston Way
City Warwick *State* RI *Zip* 02886

Vice President Name
Gary E. Nilsson
Street Address
43 Creston Way
City Warwick *State* RI *Zip* 02886

Secretary Name
Gary E. Nilsson
Street Address
43 Creston Way
City Warwick *State* RI *Zip* 02886

Treasurer Name
Denise C. Hubbard
Street Address
43 Creston Way
City Warwick *State* RI *Zip* 02886

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

Director Name
N/A
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	NO PAR	VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*

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

[redacted]

93398

File Date 3/7

Check No.: 12122

By. [redacted]

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.

[redacted] 2/1/01

Signature of Officer *Date*

Denise C. Hubbard
Print or Type Name of Officer

[redacted] President
Title of Officer

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 93398
2. Name of Corporation: Ocean State Anesthesia Partners, ProfessionalCorporation
3. Street Address Principal Business Office: 43 Creston Way — City: Warwick — State: RI — Zip: 02886
4. Business Phone No.: (401) 885-8153
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9886
7. Brief Description of the Character of Business Conducted in Rhode Island: Medical Services

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

President Name: Denise C. Hubbard	Vice President Name: Gary E. Nilsson
Street Address: 43 Creston Way	Street Address: 43 Creston Way
City: Warwick State: RI Zip: 02886	City: Warwick State: RI Zip: 02886
Secretary Name: Gary E. Nilsson	Treasurer Name: Denise C. Hubbard
Street Address: 43 Creston Way	Street Address: 43 Creston Way
City: Warwick State: RI Zip: 02886	City: Warwick State: RI Zip: 02886

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

Director Name: N/A	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No par value

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

* 9 3 3 9 8 *

FILED

File Date: FEB 22 2000

Check No.: CC16474

By:

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.

Denise C Hubbard 2/10/2000
Signature of Officer *Date*

Denise C. Hubbard
Print or Type Name of Officer

President
Title of Officer

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 93398

2. Name of Corporation: Ocean State Anesthesia Partners, ProfessionalCorporation

3. Street Address Principal Business Office: 43 Creston Way — City: Warwick — State: RI — Zip: 02886

4. Business Phone No.: (401) 885-8153

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 9886

7. Brief Description of the Character of Business Conducted in Rhode Island: Medical services

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

President Name: Denise C. Hubbard
Street Address: 43 Creston Way
City: Warwick — State: RI — Zip: 02886

Vice President Name: Gary E. Nilsson
Street Address: 43 Creston Way
City: Warwick — State: RI — Zip: 02886

Secretary Name: Gary E. Nilsson
Street Address: 43 Creston Way
City: Warwick — State: RI — Zip: 02886

Treasurer Name: Denise C. Hubbard
Street Address: 43 Creston Way
City: Warwick — State: RI — Zip: 02886

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

Director Name: N/A
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

Director Name:
Street Address:
City — State — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value

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

[redacted] * 9 3 3 9 8 * [redacted]

File Date: Mar 2, 99

Check No.: 9001

By: DD

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.

Denise C. Hubbard — 1/14/99
Signature of Officer — *Date*

Denise C. Hubbard
Print or Type Name of Officer

President
Title of Officer

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **93398**

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

3. Street Address Principal Business Office 43 Creston Way
City Warwick *State* RI *Zip* 02886

4. Business Phone No. (401) 885-8153

5. State of Incorporation **RHODE ISLAND**

6. SIC Code 9886

7. Brief Description of the Character of Business Conducted in Rhode Island
Medical services

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name Denise C. Hubbard
Street Address 43 Creston Way
City Warwick, *State* RI *Zip* 02886

Vice President Name Gary E. Nilsson
Street Address 43 Creston Way
City Warwick *State* RI *Zip* 02886

Secretary Name Gary E. Nilsson
Street Address 43 Creston Way
City Warwick *State* RI *Zip* 02886

Treasurer Name Denise C. Hubbard
Street Address 43 Creston Way
City Warwick *State* RI *Zip* 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name N/A
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000		**NO PAR VALUE**

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	common	no par value

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

[redacted] [redacted]

* 9 3 3 9 8 *

File Date: 2.23.98

Check No.: 7785

By: KP

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.

Signature of Officer [redacted] *Date* 1/30/98

Denise C. Hubbard
Print or Type Name of Officer

President
Title of Officer