



State of Rhode Island and Providence Plantations  
Department of State – Business Services Division

**FILED**

STAMP  
JAN 27 2021

BY 7322  
IOA

**ANNUAL REPORT FOR THE YEAR 2021**  
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. <b>01052</b>		2. Name of Corporation <b>ANESTHESIOLOGY, INC.</b>			
3. Street Address Principal Business Office <b>101 Dudley Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
5. NAICS Code <b>621112</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Any ancillary purposes, and all other lawful purposes.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Kue Chung Choi, M.D.</b>			Vice President Name <b>Elizabeth Gamble, M.D.</b>		
Street Address <b>101 Dudley Street</b>			Street Address <b>101 Dudley Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name <b>Sung-Hee Lee, M.D.</b>			Treasurer Name <b>Calin Drimborean, M.D.</b>		
Street Address <b>101 Dudley Street</b>			Street Address <b>101 Dudley Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES – THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			<b>1,152 shares common stock of no par value</b>		

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.

Kue Chung Choi, M.D.  
Signature

01/15/2021  
Date

**Kue Chung Choi, M.D.**

Print or Type Name

**President**

Title

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