



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

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

FILED STAMP

MAR 12 2021

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1. Corporate ID No. 486309		2. Name of Corporation Sandman Anesthetics, Ltd.			
3. Street Address Principal Business Office 1 Reverie Lane			City Lincoln	State RI	Zip 02865
4. NAICS Code 62112		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Provide professional nurse anesthetist services.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Julie A. DiManni-Pelletier			Vice President Name		
Street Address 1 Reverie Lane			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Arline DiManni			Treasurer Name Anthony J. DiManni		
Street Address 1 Reverie Lane			Street Address 1 Reverie Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Julie A. DiManni-Pelletier			Director Name		
Street Address 1 Reverie Lane			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐					
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
			100 shares common stock of \$.01 par value		

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.

Julie DiManni-Pelletier
Signature

3-12-2021
Date

Julie DiManni-Pelletier

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