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

FILED STAMP
MAR 12 2021
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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.	2. Name of Corporation		
486309	Sandman Anesthetics, Ltd.		
3. Street Address Principal Business Office	City	State	Zip
1 Reverie Lane	Lincoln	RI	02865
4. NAICS Code: 621112	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	Street Address	City	State	Zip
Julie A. DiManni-Pelletier	1 Reverie Lane	Lincoln	RI	02865

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Arline DiManni	1 Reverie Lane	Lincoln	RI	02865

Treasurer Name	Street Address	City	State	Zip
Anthony J. DiManni	1 Reverie Lane	Lincoln	RI	02865

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

Director Name	Street Address	City	State	Zip
Julie A. DiManni-Pelletier	1 Reverie Lane	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐

10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

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.

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 — 3-5-2021

Signature — *Date*

Julie DiManni-Pelletier
Print or Type Name

President
Title

MAIL TO:
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