



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001707197

2. Exact Name of the Limited Liability Company J.P. Felix Anesthesia LLC

3. State of Formation

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.

621999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

NURSE ANESTHETIST PROVIDING NURSING ANESTHESIA SERVICES TO UNIVERSITY GASTROENEROLOGY (UGI) OF RHODE ISLAND. THESE NURSING ANESTHESIA SERVICES ARE PROVIDED IN COLLABORATION WITH AND SUPERVISED BY AN ATTENDING GASTROENTEROLOGIST. THESE NURSING ANESTHESIA SERVICES ARE PROVIDED ACCORSING TO RI LAW AND ARE PRACTICED ACCORDING TO LICENSE AND TRAINING AND ARE PROVIDED WITHIN THE SCOPE OF NURSING ANESTHESIA.

5. Principal Office Address

No. and Street: 244 RICHMOND DR

City or Town: WARWICK

State: RI

Zip: 02888

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JERRY FELIX Contact Title: PRESIDENT

No. and Street: 244 RICHMOND DR

City or Town: WARWICK

State: RI

Zip: 02888

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

BUSINESS FILINGS INCORPORATED 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of September, 2021 at 8:39:40 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JERRY P FELIX
Signature of Authorized Person

Form No. 632
Revised 09/07

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