



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 04 2022

BY

1. Entity ID Number 000001052		2. Exact name of the Corporation ANESTHESIOLOGY, INC.	
3. Principal Office Address 101 DUDLEY STREET		City PROVIDENCE	State RI
		Zip 02905	
4. NAICS Code 621112	6. Brief description of the character of business conducted in Rhode Island ANY ANCILLARY PURPOSES AND ALL OTHER LAWFUL PURPOSES		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CALIN DRIMBAREAN, M.D.		Vice-President Name ELIZABETH GAMBLE, M.D.	
Street Address 101 DUDLEY STREET		Street Address 101 DUDLEY STREET	
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE
Secretary Name SUNG-HEE LEE, M.D.		Treasurer Name CALIN DRIMBAREAN, M.D.	
Street Address 101 DUDLEY STREET		Street Address 101 DUDLEY STREET	
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 896	CLASS/SERIES CNP
		PAR VALUE \$0.00	
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. <i>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.</i>			
Name of Authorized Representative CALIN DRIMBAREAN, M.D.		Date 4/8/22	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov