

State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



1. Entity ID Number	Exact name of the Limited Liability Company AAA ANESTHESIA LLC  Brief description of the character of business conducted in Rhode Island PROVIDING ANESTHESIA SERVICES TO VARIOUS MEDICAL FACILITIES			
3. NAICS Code 621111				
5. State of Formation RI				
6. Principal Office Address 88 NORTHBRIAR DRIVE		City NO KINGSTOWN	State RI	Zip 02852
7. Mailing Address of Limited	Liability Company and Name or Tit	le of Contact Person		
Contact Name ELIZABETH GAMBLE		Contact Title MEMBER		
Street Address 88 NORTHBRIAR DRIVE		City NO KINGSTOWN	State RI	Zip 02852
8. The Resident Agent inform	nation currently of record with the RI	Department of State is accurate	e. Changes requir	e filing Form 642.
	declare and affirm that I have exa tements contained herein are tru		ny accompanyin	g schedules and
Name of Authorized Person ELIZABETH GAMBLE		Date 2/23/23		
Signature of Authorized Pers	son M		<u> </u>	

MAIL TO:

**Division of Business Services** 

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