



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
 R.I. RECEIVED
 BUSINESS SERVICES DIVISION
 2023 APR -5 10:08

1. Entity ID Number 000486309		2. Exact name of the Corporation Sandman Anesthetics, Ltd.			
3. Principal Office Address 1 Reverie Lane		City Lincoln		State RI	Zip 02865
4. NAICS Code 621112		6. Brief description of the character of business conducted in Rhode Island Provide professional nurse anesthetist services.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julie A. Gemma		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. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Julie A. Gemma		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		10. Shares Issued 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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	0.01	
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.					
Name of Authorized Representative Julie A. Gemma				Date 3-23-23	
Signature of Authorized Representative 				FILED	

APR 05 2023
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