



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

FOR
SECRETARY OF STATE
USE ONLYRECEIVED
R.I. DEPT. OF STATE
MAY 9 2023

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 RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Calin Drimbarean, MD			Vice-President Name Elizabeth Gamble, MD		
Street Address 101 Dudley Street			Street Address 101 Dudley Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Sung-Hee Lee, MD			Treasurer Name Calin Drimbarean, MD		
Street Address 101 Dudley Street			Street Address 101 Dudley Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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	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		
			896 Common Shares with 0 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.					
Name of Authorized Representative Calin Drimbarean, MD				Date 05/04/2023	
Signature of Authorized Representative 				FILED	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAY 09 2023

BY ML 8154

FORM 630 - Revised: 11/2021