



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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 JUN 16 PM 12:21

|  |             |  |   |              |                 |
|--|-------------|--|---|--------------|-----------------|
| 1. Entity ID Number<br>001672961   |             | 2. Exact name of the Corporation<br>SJC ANESTH ESIA CORP   |   |              |                 |
| 3. Principal Office Address<br>5 TULIP HILL ROAD   |             |  | City<br>JOHNSTON  | State<br>RI  | Zip<br>02919    |
| 4. NAICS Code<br>621399  |             | 6. Brief description of the character of business conducted in Rhode Island<br>OFFICES OF ALL OTHER MISCELLANEOUS HEALTH PRACTITIONERS |   |              |                 |
| 5. State of Incorporation<br>RI  |             |  |   |              |                 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |  |   |              |                 |
| President Name<br>STEVEN CREAMER   |             |  | Vice-President Name   |              |                 |
| Street Address<br>5 TULIP HILL ROAD  |             |  | Street Address  |              |                 |
| City<br>JOHNSTON   | State<br>RI | Zip<br>02919   | City  | State        | Zip             |
| Secretary Name   |             |  | Treasurer Name  |              |                 |
| Street Address   |             |  | Street Address  |              |                 |
| City   | State       | Zip  | City  | State        | Zip             |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |  |   |              |                 |
| Director Name<br>STEVEN CREAMER  |             |  | Director Name   |              |                 |
| Street Address<br>5 TULIP HILL ROAD  |             |  | Street Address  |              |                 |
| City<br>JOHNSTON   | State<br>RI | Zip<br>02919   | City  | State        | Zip             |
| Director Name  |             |  | Director Name   |              |                 |
| Street Address   |             |  | Street Address  |              |                 |
| City   | State       | Zip  | City  | State        | Zip             |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |             |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |              |                 |
|  |             |  | NUMBER OF SHARES  | CLASS/SERIES | PAR VALUE       |
|  |             |  | 1   | CWP          | 0.0010          |
|  |             |  |   |              |                 |
| 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.<br><b>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.</b> |             |  |   |              |                 |
| Name of Authorized Representative<br>STEVEN CREAMER  |             |  |   |              | Date<br>6-13-23 |
| Signature of Authorized Representative<br>   |             |  |   |              |                 |

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

 12:28 JUN 16 2023  
 BY ML Z9mQ9

FORM 630 - Revised: 11/2021