



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 001672961		2. Exact name of the Corporation SJC ANESTH ESIA CORP			
3. Principal Office Address 5 TULIP HILL ROAD		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 621399		6. Brief description of the character of business conducted in Rhode Island OFFICES OF ALL OTHER MISCELLANEOUS HEALTH PRACTITIONERS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN CREAMER			Vice-President Name		
Street Address 5 TULIP HILL ROAD			Street Address		
City JOHNSTON	State RI	Zip 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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN CREAMER			Director Name		
Street Address 5 TULIP HILL ROAD			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 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. 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 STEVEN CREAMER					Date 6-13-23
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.gov12:28 JUN 16 2023
BY ML Z9mQ9

FORM 630 - Revised: 11/2021