FILED

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	2. Exact name of the Limi	2. Exact name of the Limited Liability Company  COASTLINE ANESTEESIA, ILC			
1742696	COASTLINE ANESTEE				
3 NAICS Code	4 Brief description of the	4 Brief description of the character of business conducted in Rhode Island			
621131	ANESTHMSTOROGIST	ANESCHESCOLOGIST			
5 State of Formation	<del>-</del>				
RI					
6 Principal Office Address		City	State	Zip	
95 EAMBERT LIND HIGHWAY, SUITE 100		MARMICK	RI	02886-1074	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name DEBORAG CARLILL, MD		Contact Title MEMBEIX			
Street Address 55 LAMBERT FIND HIGHWAY, SUITE 100		City WARWTCK	State R I	<b>Z</b> p 02386-1074	
8 The Resident Agent infor	mation currently of record with t	he RI Department of State is a	ccurate. Changes requ	ire filing Form 642.	
	I declare and affirm that I have tatements contained herein ai		ding any accompanyi	ng schedules and	
Name of Authorized Person	1		Date		
DEBORAF CAHILL, MD			3/8/23		
Signature of Authorized Per	/ / / / \				

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov