



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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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FOR
SECRETARY OF STATE
USE ONLY

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 ☐											
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 ☐											
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 ☐									
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>896</td> <td>Common Shares</td> <td>no par value</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	896	Common Shares	no par value
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896	Common Shares	no 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 01/26/2024							
Signature of Authorized Representative 				FILED FEB 27 2024 BY ML 8203							