



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
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### Application for Certificate of Conversion

DOMESTIC Business Corporation, Non-Profit Corporation, Limited Partnership,  
Limited Liability Partnership or Limited Liability Company

→ No Filing Fee

Pursuant to the applicable provisions of RIGL 7-1.2-1007, 7-6-48.1, 7-12.1-1143, 7-13.1-1143 and 7-16-5.1, the undersigned submits the following Certificate of Conversion:

1. Entity ID Number:	2. The full name of the converting entity is: <b>CC ANESTHESIA, INC.</b>
3. It is formed under the jurisdiction of: <b>Massachusetts</b>	4. The date of formation is: <b>May 14, 2009</b>
5. The jurisdiction to which the entity is converting: <b>RHODE ISLAND</b>	
6. The structure of the converting entity is: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> Non-Profit Corporation
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other Entity
<input type="checkbox"/> Partnership (General, Limited, or Limited Liability Partnership)	<input type="checkbox"/> Sole Proprietorship
7. The structure of the entity following conversion will be: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership / Limited Liability Limited Partnership
<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Liability Company	
8. The name of the entity following the conversion is: <b>CC ANESTHESIA, INC.</b>	
9. This certificate of conversion and accompanying certificate of formation have been approved by the converting entity in the manner provided for in RIGL <u>7-1.2-1007</u> , <u>7-6-48.1</u> , <u>7-12.1-1143</u> , <u>7-13.1-1143</u> and <u>7-16-5.1</u> .	

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040



Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

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BY

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<b>10. This certificate of conversion is filed as an accompanying certificate to: CHECK ONE BOX ONLY</b>		
<input checked="checked" type="checkbox"/> Business Corporation Articles of Incorporation <input type="checkbox"/> Non-Profit Corporation Articles of Incorporation <input type="checkbox"/> Limited Liability Company Articles of Organization <input type="checkbox"/> Statement of Limited Liability Partnership <input type="checkbox"/> Certificate of Limited Partnership <input type="checkbox"/> Statement of Limited Liability Limited Partnership		
<b>11. Date when this Certificate of Conversion will be effective: CHECK ONE BOX ONLY</b>		
<input checked="checked" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date _____		
<i>Under penalty of perjury, we declare and affirm that we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of Converting Entity  CC ANESTHESIA, INC.		
Type or Print Name of Person Signing  CATHERINE M. CARLSON	Title of Person Signing  President	
Signature  		Date  04/01/2024
Type or Print Name of Person Signing  	Title of Person of Signing	
Signature		Date



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 08, 2024 09:21 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized.

Gregg M. Amore  
*Secretary of State*

