



State of Rhode Island
Department of State - Business Services Division

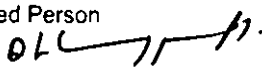
Annual Report for the year: 2024
Limited Liability Company

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

STAMP
APR 12 2024

BY

1. Entity ID Number 001751343		2. Exact name of the Limited Liability Company SAFE ANESTHESIA LLC	
3. NAICS Code 621111		4. Brief description of the character of business conducted in Rhode Island DOCTORS OF MEDICAL ANESTHESIA	
5. State of Formation RI			
6. Principal Office Address 29 LUZON AVENUE		City PROVIDENCE	State RI
		Zip 02906	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ANTHONY J CALIRI		Contact Title CPA	
Street Address ONE WORTHINGTON ROAD		City CRANSTON	State RI
		Zip 02920	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person DHHANANJAY MEHTA			Date 4/11/2024
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov