RI SOS Filing Number: 202451355180 Date: 4/17/2024 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

APR 17 2024

-> Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number	2. Exact name of the Limited Liability Company				
1741046	On The Rhode Anesthesia Services, LLC				
3. NAICS Code 621999	Brief description of the character of business conducted in Rhode Island To provide anesthesia services to patients.				
5. State of Formation Rhode Island		· . -		<u></u>	
6. Principal Office Address		City	State	Zip	
90 Park Avenue		Cranston	RI	02905	
7. Mailing Address of Limited L	iability Company and Name or Titl	e of Contact Person			
Contact Name Mary Catherine Ricci		Contact Title Member			
Street Address 90 Park Avenue		City Cranston	State RI	^{Zip} 02905	
8. The Resident Agent informa	tion currently of record with the RI	Department of State is acc	urate. Changes require	filing Form 642	
	l declare and affirm that I have ex ements contained herein are true		ding any accompany	ing schedules and	
Name of Authorized Person			Date		
Mary Catherine Ricci			4/12/2024		
Signature of Authorized Person	n <u></u>				
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MAIL TO:

Division of Business Services

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

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