



State of Rhode Island
Department of State - Business Services Division

APR 23 2024

119 02

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.

1. Entity ID Number 798958		2. Exact name of the Limited Liability Company STAGE III ANESTHESIA, LLC.		
3. NAICS Code 339112		4. Brief description of the character of business conducted in Rhode Island NURSE ANESTHETIST SERVICE		
5. State of Formation RI				
6. Principal Office Address 10 COBBLESTONE STREET		City CUMBERLAND	State RI	Zip 02864
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name GARRICK WHITLOCK		Contact Title MEMBER		
Street Address 10 COBBLESTONE STREET		City CUMBERLAND	State RI	Zip 02864
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person GARRICK WHITLOCK			Date 4/15/24	
Signature of Authorized Person 				

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov