	node Island ecretary of State	Fee: \$50.00
	usiness Services	
148 W. River Street Providence RI 02904-2615		
	22-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR <b>2025</b> : <u>2025</u>		
1. ID No. <u>001742614</u>		
2. Exact Name of the Limited Liability Company Apollo Anesthesia L.L.C.		
3. State of Formation		
State: <u>RI</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
ANESTHESIA SERVICES		
5. Principal Office Address		
No. and Street: 269 CASTLE ROCKS RD		
City or Town: WARWICK	State: <u>RI</u> Zip: <u>02886</u> Cou	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: <u>GEORGIOS LEMONAKIS</u> Contact	Title: <u>CEO</u>	
No. and Street: <u>269 CASTLE ROCKS RD</u>	<b>A A B A A A A A A A A A A</b>	
City or Town: <u>WARWICK</u>	State: <u>RI</u> Zip: <u>02886</u> Col	untry: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
GEORGIOS LEMONAKIS 269 CASTLE ROCKS RD WARWICK , RI 02886		

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 10 Day of March, 2025 at 7:03:36 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By GEORGIOS LEMONAKIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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