



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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

MAR 31 2025

CBN

BY 1006

1. Entity ID Number <b>001751343</b>		2. Exact name of the Limited Liability Company <b>SAFE ANESTHESIA SERVICES LLC</b>	
3. NAICS Code <b>621111</b>		4. Brief description of the character of business conducted in Rhode Island <b>DOCTORS OF MEDICAL ANESTHESIA</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>29 LUZON AVENUE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02906</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>RALPH J BARBIERI</b>		Contact Title <b>CPA</b>	
Street Address <b>ONE WORTHINGTON ROAD</b>		City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02920</b>			
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 <b>DHHANANJAY MEHTA</b>			Date <b>3/29/25</b> ✓
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](http://www.sos.ri.gov)