



State of Rhode Island

Department of State - Business Services Division

STAMP

**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.

 REC  
 R.I. DEPT.  
 BUS SV

1. Entity ID Number 001742696		2. Exact name of the Limited Liability Company COASTLINE ANESTHESIA, LLC		2025 MAY 13	
3. NAICS Code 621111		4. Brief description of the character of business conducted in Rhode Island ANESTHESIOLOGIST			
5. State of Formation RI					
6. Principal Office Address 55 LAMBERT LIND HIGHWAY, SUITE 100			City WARWICK	State RI	Zip 02886-1074
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DEBORAH CAHILL, MD			Contact Title MEMBER		
Street Address 55 LAMBERT LIND HIGHWAY, SUITE 100			City WARWICK	State RI	Zip 02886-1074
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642					
<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 DEBORAH CAHILL, MD				Date 02/27/25	
Signature of Authorized Person 					

FILED

MAY 13 2025

BY

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**MAIL TO:**

Division of Business Services

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