State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
MAY 30 P 2:10

Annual Report for the year: 2025
Corporation

→ 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	2 Exact name of the Corporation
135144	New England Anesthesiologists, Inc.

3. Principal Office Address	City	State	Zip
22 Pasco Circle	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621111	To operate an anesthesiologist practice.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Timothy Connelly, D.O.	
Street Address: 22 Pasco Circle	Street Address:
City: Warwick, State: RI, Zip: 02886	City: , State: , Zip:
Secretary Name: Timothy Connelly, D.O.	Treasurer Name: Timothy Connelly, D.O.
Street Address: 22 Pasco Circle	Street Address: 22 Pasco Circle
City: Warwick, State: RI, Zip: 02886	City: Warwick, State: RI, Zip: 02886

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Timothy Connelly, D.O.	
Street Address: 22 Pasco Circle	Street Address:
City: Warwick, State: RI, Zip: 02886	City: , State: , Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9 Shares Authorized — 10 Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2,000	Common	$0.01

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative	Date
Timothy Connelly, D.O.	5/12/25

Signature of Authorized Representative: Timothy Connelly

FILED
MAY 30 2025
BY 3615

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

FORM 630- Revised: 12/2023