RI SOS Filing Number: 200942434950 Date: 02/17/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No	2. Name of Corporation		
487890	Lakewood Pathology Associates, Inc.		
3. Street Address Principal Business Office: 1200 River Avenue, Suite 3E	City: Lakewood	State: NJ	Zip: 08701
4. Business Phone No.	5. State of Incorporation: New Jersey		
6. Brief Description of the Character of Business Conducted in Rhode Island: To provide pathology services.			

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Doug Berg	1200 River Avenue, Bldg. 10	Lakewood	NJ	08701

Vice President Name	Street Address	City	State	Zip
David Pauluzzi	1200 River Avenue, Bldg. 10	Lakewood	NJ	08701

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip
Timothy Kennedy	1200 River Avenue, Bldg. 10	Lakewood	NJ	08701

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☑ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Doug Berg	1200 River Avenue, Bldg. 10	Lakewood	NJ	08701
Eric Lev	1200 River Avenue, Bldg. 10	Lakewood	NJ	08701

Director Name	Street Address	City	State	Zip
Timothy Brodnik	1200 River Avenue, Bldg. 10	Lakewood	NJ	08701
James Connelly	1200 River Avenue, Bldg. 10	Lakewood	NJ	08701

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0	Common	$5.00
0	Preferred	$5.00

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.

[redacted]

[redacted]

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.

Signature *Date*

Timothy Kennedy
Print or Type Name

[redacted] Treasurer
Title

File Date FILED

Check No. FEB 17 2009

By: By 14742

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

31254-11-348424

Attachment to
2009 Rhode Island Annual Report

Lakewood Pathology Associates, Inc.
Corporate ID # 487890

Additional Director:

Harrold Kirkpatrick	1200 River Avenue, Bldg. 10 Lakewood, NJ 08701

FILED
FEB 17 2009
By 487890

12347334.1