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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 2011

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		City	State	Zip
825 Rahway Ave.		Union	NJ	07083
4. Business Phone No.	5. State of Incorporation			
732-901-7575	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			Vice President Name		
Dave Pauluzzi					
Street Address			Street Address		
825 Rahway Ave.					
City	State	Zip	City	State	Zip
Union	NJ	07083			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Dave Pauluzzi			Timothy Kennedy		
Street Address			Street Address		
825 Rahway Ave.			825 Rahway Ave.		
City	State	Zip	City	State	Zip
Union	NJ	07083	Union	NJ	07083
Director Name			Director Name		
Timothy Brodnik					
Street Address			Street Address		
825 Rahway Ave.					
City	State	Zip	City	State	Zip
Union	NJ	07083			

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]

FILED
File Date FEB 22 2011
Check No. By MAC
By: 042000314
FOR SECRETARY OF STATE USE ONLY

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* 2-15-11

Timothy Kennedy
Print or Type Name

[redacted] Chief Financial Officer
Title

58109-16-599939

Form 630 Rev. 08/08