



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

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

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(v)) is subject to a penalty fee of \$25.00.

1. ID No. 509862		2. Exact name of the limited liability company GHT DERMATOPATHOLOGY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MEDICAL SERVICES			
5. Principal office address 22 SYCAMORE DRIVE		City EAST GREENWICH	State RI	Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GLADYS TELANG, MD			Contact Title		
Street Address 22 SYCAMORE DRIVE		City EAST GREENWICH	State RI	Zip 02818	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name NONE			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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SECRETARY OF STATE
CORPORATIONS DIV
2011 OCT 31 AM 9:51

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

509862

FILED

OCT 31 2011

By

DS
FSS501

File Date _____

Check No. _____

By: _____

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 of Authorized Person Glady Telang MD 10-31-11 Date

GLADYS TELANG, MD

Print or Type Name of Authorized Person