



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

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2011

**1. ID No.** 000534278

**2. Exact Name of the Limited Liability Company** CG Path, LLC

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

To provide anatomic pathology services as an independent contractor to several medical practices in the state of Rhode Island.

**5. Principal Office Address**

No. and Street: 70 WINGATE ROAD

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: CASIMIRO GIAMPAOLO Contact Title:

No. and Street: 70 WINGATE ROAD

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CASIMIAO GIAMPAOLO MD 291 TILLINGHAST ROAD EAST GREENWICH , RI 02818

**Signed this 6 Day of February, 2012 at 2:36:33 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or**

*acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CASIMIRO GIAMPAOLO, MD  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

