



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 973049		2. Exact name of the Corporation Pathology Consultants of New London, P.C.			
3. Principal office address 25 Wells Street		City Westerly	State RI	Zip 02891	
4. Business Phone No. 860-444-5100		5. State of Incorporation Connecticut			
6. Brief description of the character of business conducted in Rhode Island Pathology					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Victoria Reyes			Vice-President Name Kevin Green		
Street Address 192 Long Wharf Drive			Street Address 10 Bobwhite Lane		
City Mystic	State CT	Zip 06355	City East Lyme	State CT	Zip 06333
Secretary Name NONE			Treasurer Name Joseph Benedict		
Street Address			Street Address 186 Jerry Browne Road Unit 5308		
City	State	Zip	City Mystic	State CT	Zip 06355
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			7,000	Common A	- 0 -

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.

File Date _____

Check No _____

By: _____

FILED

JAN 04 2016

FOR SECRETARY OF STATE USE ONLY

BY

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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.

Joseph Benedict
Signature of Authorized Representative

12-30-15
Date

Print or Type Name of Authorized Representative

Pathology Consultants of New London, P.C.

Entity ID: 973049

Vice President

Anica Antic

72 Warwick Street

West Hartford, CT 06119