



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. 46319		2. Exact name of the Corporation LABORATORY SERVICES COMPANY, INC.					
3. Principal office address 470 Tollgate Road				City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-732-2240				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PHLEBOTOMY AND SPECIMEN HANDLING SERVICES FOR MEDICAL LABORATORIES TO THE GENERAL PUBLIC							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Kenneth Higginbotham				Vice-President Name Ann Clark			
Street Address 23 Brookside Drive				Street Address 57 Riverdell Drive			
City Cranston	State RI	Zip 02920		City South Kingstown	State RI	Zip 02879	
Secretary Name Dorothy M. Higginbotham				Treasurer Name Robert E. Higginbotham			
Street Address 12 Parsley Lane				Street Address 12 Parsley Lane			
City Saunderstown	State RI	Zip 02874		City Saunderstown	State RI	Zip 02874	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name NONE				Director Name			
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	
				100	Voting	No Par	
				100	Non-Voting	No Par	

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.

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 29 2016

2435

Signature of Authorized Representative

Date

Kenneth Higginbotham, President

Print or Type Name of Authorized Representative