



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.

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|---|--------------------|--|--|---|--------------------|---------------------|--|
| 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