



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 **2017**

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. 148502		2. Exact name of the Corporation FORENSIC PATHOLOGY & LEGAL MEDICINE, INC.			
3. Principal office address 245 WATERMAN STREET, SUITE 100		City PROVIDENCE	State RI	Zip 02906	
4. Business Phone No. 401-437-8730		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GENERAL CONSULTING ON MEDICAL/LEGAL MATTERS; APPLYING SCIENTIFIC AND MEDICAL KNOWLEDGE TO LEGAL MATTERS					
LIST ALL OFFICERS (NAME AND ADDRESS) AND DIRECTORS (NAME AND ADDRESS) OF THE CORPORATION ☐					
President Name ELIZABETH A. LAPOSATA, MD			Vice-President Name		
Street Address 180 SLATER AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
LIST ALL DIRECTORS (NAME AND ADDRESS) OF THE CORPORATION ☐					
Director Name ELIZABETH A. LAPOSATA, MD			Director Name		
Street Address 180 SLATER AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED ☐ SHARES ISSUED (BY TYPE OF STOCK) ☐					
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	
		NONE	NONE	NONE	

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.



FILED
JAN 23 2017

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 Representative

Date

ELIZABETH A. LAPOSATA, MD

Print or Type Name of Authorized Representative