



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

Annual Report for the year: **2017**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>46319</b>		2. Exact name of the Corporation <b>LABORATORY SERVICES COMPANY, INC.</b>			
3. Principal Office Address <b>470 Tollgate Road</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>62 - Health Care and Social Ass</b>		6. Brief description of the character of business conducted in Rhode Island <b>To provide phlebotomy and specimen handling services for medical laboratories to the general public</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kenneth Higginbotham</b>			Vice-President Name <b>Ann Clark</b>		
Street Address <b>470 Tollgate Road</b>			Street Address <b>470 Tollgate Road</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip	City <b>Warwick</b>	State <b>RI</b>	Zip
Secretary Name <b>Dorothy M. Higginbotham</b>			Treasurer Name <b>Robert E. Higginbotham</b>		
Street Address <b>470 Tollgate Road</b>			Street Address <b>470 Tollgate Road</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip	City <b>Warwick</b>	State <b>RI</b>	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100</b>	<b>Voting</b>	<b>No Par</b>	
		<b>100</b>	<b>Non-Voting</b>	<b>No Par</b>	
11. 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.					
<b>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.</b>					
Name of Authorized Representative <b>Robert E. Higginbotham, Treasurer</b>				Date <b>March 1, 2017</b>	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

**FILED** *OL*

**MAR 03 2017**

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MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov