



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

Annual Report for the year: **2018**

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 973049		2. Exact name of the Corporation Pathology Consultants of New London, P.C.			
3. Principal Office Address Post Office Box 506		City Old Lyme	State CT	Zip 06371	
4. NAICS Code 62 - Health Care and Social As	6. Brief description of the character of business conducted in Rhode Island Pathology Services				
5. State of Incorporation Connecticut	02444				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victoria Reyes		Vice-President Name			
Street Address 192 Long Wharf Drive		Street Address			
City Mystic	State CT	Zip 06355	City	State	Zip
Secretary Name		Treasurer Name Joseph Benedict			
Street Address		Street Address 186 Jerry Browne Road Unit 5208			
City	State	Zip	City Mystic	State CT	Zip 06355
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin Green		Director Name Anica Antic			
Street Address 10 Bobwhite Lane		Street Address 72 Warwick Street			
City East Lyme	State CT	Zip 06333	City West Hartford	State CT	Zip 06119
Director Name Nicole Muscato		Director Name Asim Ejaz			
Street Address 7 Darrows Ridge		Street Address 63 Arbor Crossing			
City East Lyme	State CT	Zip 06333	City East Lyme	State CT	Zip 06333
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		6,000	Common / A	- 0 -	
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. 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.					
Name of Authorized Representative Joseph C Benedict				Date 1-28-18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JAN 31 2018

FORM 630 - Revised: 10/2016

BY 013444DS