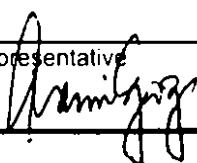




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2019**  
**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>973049</b>		2. Exact name of the Corporation <b>PATHOLOGY CONSULTANTS OF NEW LONDON, P.C.</b>			
3. Principal Office Address <b>P.O. BOX 506</b>		City <b>OLD LYME</b>		State <b>CT</b>	Zip <b>06371</b>
4. NAICS Code <b>62-HEALTH CARE AND SOCIAL</b>		6. Brief description of the character of business conducted in Rhode Island <b>PATHOLOGY SERVICES</b>			
5. State of Incorporation <b>CONNECTICUT</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>VICTORIA REYES</b>			Vice-President Name		
Street Address <b>192 LONG WHARF DRIVE</b>			Street Address		
City <b>MYSTIC</b>	State <b>CT</b>	Zip <b>06355</b>	City	State	Zip
Secretary Name			Treasurer Name <b>ASIM EJAZ</b>		
Street Address			Street Address <b>63 ARBOR CROSSING</b>		
City	State	Zip	City <b>EAST LYME</b>	State <b>CT</b>	Zip <b>06333</b>
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>KEVIN GREEN</b>			Director Name <b>ANICA ANTIC</b>		
Street Address <b>10 BOBWHITE DRIVE</b>			Street Address <b>72 WARWICK STREET</b>		
City <b>EAST LYME</b>	State <b>CT</b>	Zip <b>06333</b>	City <b>WEST HARTFORD</b>	State <b>CT</b>	Zip <b>06119</b>
Director Name <b>NICOLE MUSCATO</b>			Director Name		
Street Address <b>7 DARROWS RIDGE</b>			Street Address		
City <b>EAST LYME</b>	State <b>CT</b>	Zip <b>06333</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>6,000</b>		<b>COMMON / A</b>	<b>- 0 -</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. <i>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.</i>					
Name of Authorized Representative <b>ASIM EJAZ</b>					Date <b>01/16/2019</b>
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 22 2019**  
 BY **013674 DS**