RI SOS Filing Number: 202190362720 Date: 2/5/2021 4:00:00 PM

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

Annual Report for the year: 2021
Corporation

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

FILED STAMP
FEB 05 2021
BY

1. Entity ID Number	2. Exact name of the Corporation			
46319	LABORATORY SERVICES COMPANY, INC.			
3. Principal Office Address		City	State	Zip
470 Tollgate Road		Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621511	To provide phlebotomy and specimen handling services for medical laboratories to the general public			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kenneth Higginbotham			Vice-President Name: Ann Clark		
Street Address: 470 Tollgate Road			Street Address: 470 Tollgate Road		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Secretary Name: Dorothy M. Higginbotham			Treasurer Name: Ann Clark		
Street Address: 470 Tollgate Road			Street Address: 470 Tollgate Road		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Voting	No Par
100	Non-Voting	No Par

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	Date
Kenneth Higginbotham	02/02/2021

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

FORM 630 - Revised: 10/2017