



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Limited Liability Company**

OCT 12 2021  
 1501

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001665166		2. Exact name of the Limited Liability Company LABORATORY MEDICINE CONSULTANTS LLC			
3. NAICS Code 621511		4. Brief description of the character of business conducted in Rhode Island PATHOLOGY SERVICES			
5. State of Formation CONNECTICUT					
6. Principal Office Address 365 MONTAUK AVENUE			City NEW LONDON	State CT	Zip 06320
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JARROD LEONARDO			Contact Title CPA		
Street Address PO BOX 506			City OLD LYME	State CT	Zip 06371
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name VICTORIA REYES			Manager Name		
Street Address 192 LONG WHARF DRIVE			Street Address		
City MYSTIC	State CT	Zip 06355	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<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 Person ASIM EJAZ				Date: 10/08/2021	
Signature of Authorized Person					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov