



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

Annual Report for the year: **2023**

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 OCT 25 2023 2:10:41 PM
 SECRETARY OF STATE
 PROVIDENCE, RI

1. Entity ID Number 110593		2. Exact name of the Corporation CONSULTANTS IN UROLOGY, INC			
3. Principal Office Address P.O. BOX 1096			City COVENTRY	State RI	Zip 02816
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island MEDICAL CONSULTING SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN M COLAGIOVANNI MD			Vice-President Name		
Street Address P.O. BOX 1096			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 <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
		600	CNP	0.00	
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 STEVEN M. COLAGIOVANNI, MD				Date 10/17/2023	
Signature of Authorized Representative 					

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

OCT 25 2023
 BY ESZ54
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 FORM 630- Revised: 04/2023