



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

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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SECRETARY
UNIT C

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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	CNP	0.00			
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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

OCT 25 2023
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FORM 630- Revised 04/2023