RI SOS Filing Number: 202444061180 Date: 1/16/2024 4:00:00 PM

State of Rhode Is  Department	land of State - Business Serv	ices Division	_		
Annual Report for t Limited Liability Co  → Filing period: Febru  → Filing Fee: \$50.00  → Penalty: Additional \$	mpany	ay 31.	FILED JAN 16 2024	STAMP	
1. Entity ID Number 000163427		2. Exact name of the Limited Liability Company Urologic Specialists of New England, LLC			
3. NAICS Code 621111	Brief description of the cl     Medical Practice	Brief description of the character of business conducted in Rhode Island     Medical Practice			
5. State of Formation Rhode Island					
6. Principal Office Address 207 Quaker Lane, 2nd Floor		City West Warwick	State RI	Zip 02893	
7. Mailing Address of Limit	ed Liability Company and Name or			<u> </u>	
Contact Name Angelo Cambio, MD		Contact Title Member			
Street Address 207 Quaker Lane, 2nd Floor		City West Warwick	State RI	<sup>Zip</sup> 02893	
8. The Resident Agent info	ormation currently of record with the	e RI Department of State is accurat	e. Changes require	e filing Form 642.	
	, I declare and affirm that I have statements contained herein are	examined this report, including a true and correct.	iny accompanyin	g schedules and	
Name of Authorized Person Angelo Cambio, MD			Date	1/24	

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Signature of Authorized Person