

Annual Report for the year: 2024 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED** 

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BY BY

Entity ID Number	2. Exact name of the Limited Liability Company		الحك	
000163427	Urologic Specialists of New England, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
621111	Medical Practice			
5. State of Formation				
Rhode Island				
6. Principal Office Address	<del></del>	City	State	Zip
207 Quaker Lane, 2nd Floor		West Warwick	RI	02893
7. Mailing Address of Limited	Liability Company and Name or			
Contact Name Angelo Cambio, MD		Contact Title Member		
Street Address 207 Quaker Lane, 2nd Floor		City West Warwick	State RI	<sup>Z<sub>ip</sub></sup> 02893
8. The Resident Agent inform	nation currently of record with the	RI Department of State is accurate	e. Changes require	e filing Form 642.
	declare and affirm that I have e stements contained herein are	examined this report, including a true and correct.	ny accompanyin	g schedules and
Name of Authorized Person			Date	1 >14
Angelo Cambio, MD		110	1120	
Signature of Authorized Pers	son /			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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