State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

FILED
FEB 26 2024
BY 914766

1. Entity ID Number	2. Exact name of the Corporation
973049	PATHOLOGY CONSULTANTS OF NEW LONDON PC

3. Principal Office Address	City	State	Zip
POST OFFICE BOX 506	OLD LYME	CT	06371

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621111	PATHOLOGY SERVICES
5. State of Incorporation	
CONNECTICUT	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: VICTORIA REYES			Vice-President Name:		
Street Address: 192 LONG WHARF DRIVE			Street Address:		
City: MYSTIC	State: CT	Zip: 06355	City:	State:	Zip:
Secretary Name:			Treasurer Name: ASIM EJAZ		
Street Address:			Street Address: 63 ARBOR CROSSING		
City:	State:	Zip:	City: EAST LYME	State: CT	Zip: 06333

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: KEVIN GREEN			Director Name: ANICA ANTIC		
Street Address: 10 BOBWHITE LANE			Street Address: 400 BANK STREET #403		
City: EAST LYME	State: CT	Zip: 06333	City: NEW LONDON	State: CT	Zip: 06320
Director Name: NICOLE MUSCATO			Director Name:		
Street Address: 7 DARROWS RIDGE			Street Address:		
City: EAST LYME	State: CT	Zip: 06333	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
6,000	COMMON / A	- 0 -

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	Date
ASIM EJAZ	2/20/2024

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