



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FIELD

JAN 30 2025

BY 4642

1. Entity ID Number 000148502		2. Exact name of the Corporation FORENSIC PATHOLOGY & LEGAL MEDICINE INC.			
3. Principal Office Address 245 WATERMAN STREET, SUITE 100			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 621399		6. Brief description of the character of business conducted in Rhode Island INDEPENDENT MEDICO-LEGAL EXPERT CONSULTING: ANATOMIC AND FORENSIC PATHOLOGY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ELIZABETH A. LAPOSATA MD			Vice-President Name		
Street Address 180 SLATER AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name ELIZABETH A. LAPOSATA MD			Director Name		
Street Address 180 SLATER AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
NONE			NONE		
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. <b>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.</b>					
Name of Authorized Representative ELIZABETH A. LAPOSATA MD					Date 1/24/25
Signature of Authorized Representative <i>Elizabeth A. Laposata MD.</i>					

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov