State of Rhode Island
Department of State - Business Services Division

FILED
JAN 30 2025
BY 4642

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.

1. Entity ID Number	2. Exact name of the Corporation
000148502	FORENSIC PATHOLOGY & LEGAL MEDICINE INC.

3. Principal Office Address	City	State	Zip
245 WATERMAN STREET, SUITE 100	PROVIDENCE	RI	02906

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621399	INDEPENDENT MEDICO-LEGAL EXPERT CONSULTING: ANATONIC AND FORENSIC PATHOLOGY
5. State of Incorporation: RHODE ISLAND	

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

President Name	Vice-President Name
ELIZABETH A. LAPOSATA MD	
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) — Check the box to indicate an attachment ☐

Director Name	Director Name
ELIZABETH A. LAPOSATA MD	
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

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
NONE	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.

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: ELIZABETH A. LAPOSATA MD
Date: 1/24/25
Signature of Authorized Representative: E Laposata MD.

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

FORM 630- Revised 12/2023