



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

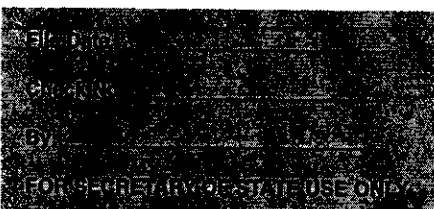
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 125865		2. Exact name of the Corporation Urology, Inc.			
3. Principal office address 1601 South Main Street			City Fall River	State MA	Zip 02724
4. Business Phone No. 508-678-0070			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Medical practice.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (BY BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John C. Carroll			Vice-President Name None		
Street Address 165 Gideon Lawton Lane			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name John B. Kaiser			Treasurer Name Dennis R. LaRock		
Street Address 270 Brayton Point Road			Street Address 1 Channing Road		
City Westport	State MA	Zip 02790	City Mattapoisett	State MA	Zip 02739
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (BY BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John C. Carroll			Director Name Dennis R. LaRock		
Street Address 165 Gideon Lawton Lane			Street Address 1 Channing Road		
City Portsmouth	State RI	Zip 02871	City Mattapoisett	State MA	Zip 02739
Director Name John B. Kaiser			Director Name		
Street Address 270 Brayton Point Road			Street Address		
City Westport	State MA	Zip 02790	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (BY BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	COMMON	NONE

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.



FILED

FEB 01 2013

6393

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.

John C. Carroll 1/25/2013
 Signature of Authorized Representative Date
John C. Carroll, President
 Print or Type Name of Authorized Representative