



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

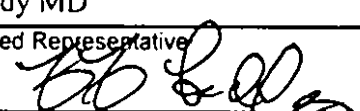
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Annual Report for the year: **2020**  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>121932</b>		2. Exact name of the Corporation <b>Champion Urology, Ltd</b>			
3. Principal Office Address <b>35 Wells St</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>medical practice</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Franklin F Leddy MD</b>			Vice-President Name <b>Erik G Enquist MD</b>		
Street Address <b>35 Wells St</b>			Street Address <b>35 Wells St</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>Franklin F Leddy MD</b>			Treasurer Name <b>Erik G Enquist MD</b>		
Street Address <b>35 Wells St</b>			Street Address <b>35 Wells St</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Franklin F Leddy MD</b>			Director Name <b>Erik G Enquist MD</b>		
Street Address <b>35 Wells St</b>			Street Address <b>35 Wells St</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>Constance L Lutzel</b>			Director Name		
Street Address <b>35 Wells St</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
9. Shares Authorized <span style="float: right;">10. Shares Issued <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			<b>100</b>	<b>common</b>	<b>no par value</b>
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 <b>Franklin F Leddy MD</b>				Date <b>4/9/20</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b> <b>10:58</b>	

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

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