



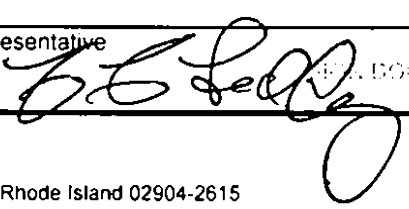
State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV
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 2020 APR 24 A 10:56 2020 APR 18 P 2:55

Annual Report for the year: **2019**
 Corporation

STAMP

- 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 121932		2. Exact name of the Corporation Champion Urology, Ltd			
3. Principal Office Address 35 Wells St			City Westerly	State RI	Zip 02891
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island medical practice			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Franklin F Leddy MD			Vice-President Name Erik G Enquist MD		
Street Address 35 Wells St			Street Address 35 Wells St		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Franklin F Leddy MD			Treasurer Name Erik G Enquist MD		
Street Address 35 Wells St			Street Address 35 Wells St		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Franklin F Leddy MD			Director Name Erik G Enquist MD		
Street Address 35 Wells St			Street Address 35 Wells St		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Constance L Lutzel			Director Name		
Street Address 35 Wells St			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
9. Shares Authorized 10. Shares Issued <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		common	no par value
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. <i>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.</i>					
Name of Authorized Representative Franklin F Leddy MD				Date 4/9/20	
Signature of Authorized Representative 				10:57	

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

FILED
 APR 24 2020
 BY **Q6VD13N**