State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
109831	Cranston MRI, Inc.			
3. Street Address Principal Business Office		City	State	Zip
1076 North Main Street		Providence	RI	02904
4. Business Phone No.	5. State of Incorporation			
401-421-5191	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Provider of medical diagnostic imaging services

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Francis D. Hussey			Robert J. Swanson		
Street Address			Street Address		
1350 Spyglass Lane			2 Seafirth Lane		
City	State	Zip	City	State	Zip
Naples	FL	34201	Tiburon	CA	94920
Secretary Name			Treasurer Name		
Robert A. Santamaria			Francis D. Hussey		
Street Address			Street Address		
395 Davis Road			1350 Spyglass Lane		
City	State	Zip	City	State	Zip
Bedford	MA	01730	Naples	FL	34201

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Francis D. Hussey			Robert J. Swanson		
Street Address			Street Address		
1350 Spyglass Lane			2 Seafirth Lane		
City	State	Zip	City	State	Zip
Naples	FL	34102	Tiburon	CA	94920
Director Name			Director Name		
None			None		
Street Address			Street Address		
None			None		
City	State	Zip	City	State	Zip
None	None	None	None	None	None

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000	Comm	No Par Value	1000	None	$1
None			None	None	None

THIS SECTION MUST BE COMPLETED

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.

[redacted] [redacted]

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.

Robert A. Santamaria — 02/29/2008
Signature *Date*

Robert A. Santamaria
Print or Type Name

[redacted] Secretary
Title

File Date **FILED**
Check No. MAR 03 2008
By By
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06