



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
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*

* 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. 73828		2. Name of Corporation C.A.T. SCANNING OF NORTH PROVIDENCE, INC.			
3. Street Address Principal Business Office 1637 Mineral Spring Ave/S.211			City N.Providence	State RI	Zip 02904-0000
4. Business Phone No. (401) 354-6093		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island practice of medicine					
7. NAMES AND ADDRESSES OF THE OFFICERS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nicholas D. Iannuccilli			Vice President Name Charles M. Rosenthal		
Street Address 1637 Mineral Spring Avenue			Street Address 1637 Mineral Spring Avenue		
City N.Providence	State RI	Zip 02904-	City N.Providence	State RI	Zip 02904-
Secretary Name Nicholas D. Iannuccilli			Treasurer Name Charles M. Rosenthal		
Street Address 1637 Mineral Spring Avenue			Street Address 1637 Mineral Spring Avenue		
City N.Providence	State RI	Zip 02904-	City N.Providence	State RI	Zip 02904-
8. NAMES AND ADDRESSES OF THE DIRECTORS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nicholas D. Iannuccilli			Director Name Charles M. Rosenthal		
Street Address 1637 Mineral Spring Avenue			Street Address 1637 Mineral Spring Avenue		
City N.Providence	State RI	Zip 02904-	City N.Providence	State RI	Zip 02904-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	200	Common	No Par

RECEIVED
SECRETARY OF STATE
JUL 2 2008

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

JUL 02 2008

By Nicholas D. Iannuccilli

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.

Signature Nicholas D. Iannuccilli Date 06/25/08
Print or Type Name Nicholas D. Iannuccilli
Title President

File Date _____
Check No. _____
By _____
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