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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 2009

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			
144831	SOUTHEASTERN NEW ENGLAND DIAGNOSTIC SERVICES, INC.			
3. Street Address Principal Business Office: 1050 WARWICK AVENUE		City: WARWICK	State: RI	Zip: 02888
4. Business Phone No.: 401-467-6210	5. State of Incorporation: RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
MEDICAL SERVICES

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

President Name	Street Address	City	State	Zip
JOHN D LOWNEY	41 KING PHILIP CIRCLE	WARWICK	RI	02888

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
JOHN D LOWNEY	41 KING PHILIP CIRCLE	WARWICK	RI	02888

Treasurer Name	Street Address	City	State	Zip
JOHN D LOWNEY	41 KING PHILIP CIRCLE	WARWICK	RI	02888

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

Director Name	Street Address	City	State	Zip
JOHN D LOWNEY	41 KING PHILIP CIRCLE	WARWICK	RI	02888

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	CNP	NO PAR
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.

Signature *Date* 3/30/09

JOHN D LOWNEY
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. MAR 31 2009
By: By 4091
321062
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Form 630 Rev. 08/08