



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

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** June 1 - June 30 • **Filing Fee:** \$20.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 122921		2. Name of Corporation Rhode Island Radiology Society, Inc.			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 593 Eddy Street		City Providence	Zip 02903
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Advancing the Science of Radiology, improving radiologic service to patients and the medical community, studying the economics of Radiology.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lawrence M. Davis, M.D.			Vice President Name Peter T. Evangelista, M.D.		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Brian Stainken, M.D.			Treasurer Name Jerrold L. Boxerman, M.D.		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Lawrence M. David, M.D.			Director Name Peter T. Evangelista, M.D.		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Brian Stainken, M.D.			Director Name Jerrold L. Boxerman, M.D.		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. REGISTERED AGENT IN RHODE ISLAND					

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer

11/6/09  
Date

Lawrence M. Davis, M.D.

Print or Type Name of Officer

President

Title of Officer

<b>FILED</b>	
File Date	NOV 23 2009
Check No.	
By:	By 43017 & 43000
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