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 2010

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. 126772
2. Name of Corporation LINCOLN RADIOLOGY, INC.

3. Street Address Principal Business Office 4 PADDOCK DRIVE
City LINCOLN *State* RI *Zip* 02865-

4. Business Phone No. 4017291339
5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
FOR RADIOLOGY PRACTICE AND ANY OTHER FORMS OF MEDICAL IMAGING

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

Role	Name	Street Address	City	State	Zip
President	DAVID GUNASTI	4 PADDOCK DRIVE	LINCOLN	RI	02865
Vice President	NONE				
Secretary	DAVID GUNASTI	4 PADDOCK DRIVE	LINCOLN	RI	02865
Treasurer	DAVID GUNASTI	4 PADDOCK DRIVE	LINCOLN	RI	02865

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

Director Name	Street Address	City	State	Zip
DAVID GUNASTI	4 PADDOCK DRIVE	LINCOLN	RI	02865

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
500 $1.00 PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
500	COMMON	$500.00

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.

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File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY
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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 *Date* 1/28/10

DAVID GUNASTI
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/05