



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 2011

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. 19056		2. Name of Corporation X-RAY ASSOCIATES, INCORPORATED			
3. Street Address Principal Business Office 6725 POST ROAD			City NO. KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-886-4830		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PROFESSIONAL MEDICAL CORPORATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JERROLD R. ROBINS, MD			Vice President Name RICHARD A. BLACK, MD		
Street Address 6725 POST ROAD			Street Address 6725 POST ROAD		
City NO. KINGSTOWN	State RI	Zip 02852	City NO. KINGSTOWN	State RI	Zip 02852
Secretary Name JEFFREY E. SILVERSTEIN, MD			Treasurer Name JOHN R. CALDARELLI, MD		
Street Address 6725 POST ROAD			Street Address 6725 POST ROAD		
City NO. KINGSTOWN	State RI	Zip 02852	City NO. KINGSTOWN	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JERROLD R. ROBINS, MD			Director Name RICHARD A. BLACK, MD		
Street Address 6725 POST ROAD			Street Address 6725 POST ROAD		
City NO. KINGSTOWN	State RI	Zip 02852	City NO. KINGSTOWN	State RI	Zip 02852
Director Name JEFFREY E. SILVERSTEIN, MD			Director Name JOHN R. CALDARELLI, MD		
Street Address 6725 POST ROAD			Street Address 6725 POST ROAD		
City NO. KINGSTOWN	State RI	Zip 02852	City NO. KINGSTOWN	State RI	Zip 02852
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	COMMON	NO PAR VALUE	121	COMMON	NO PAR

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

MAR 02 2011

By 138933

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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] Date 2/28/11

JERROLD R. ROBINS, MD

Print or Type Name

PRESIDENT

Title

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

X-RAY ASSOCIATES, INCORPORATED
#19056

2011 Annual Report

7. OFFICERS (cont'd):

Richard A. Black, M.D.
6725 Post Road
North Kingstown, RI 02852

James W. Blechman, M.D.
6725 Post Road
North Kingstown, RI 02852

David W. Rowe, M.D.
6725 Post Road
North Kingstown, RI 02852

Naveh Levy, M.D.
6725 Post Road
North Kingstown, RI 02852

8. DIRECTORS (cont'd):

James W. Blechman, M.D.
6725 Post Road
North Kingstown, RI 02852

David W. Rowe, M.D.
6725 Post Road
North Kingstown, RI 02852

Naveh Levy, M.D.
6725 Post Road
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