

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 2008

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	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1. Corporate ID No.	2. Name of Corporatio		_		
67610		ips Ultrasound,	Inc.		
3. Street Address Principal Business Office 3000 Minuteman Road			City Andover	State MA	7.ip 01810
4. Business Phone No. 5. State of Incorporation		11140101	1111	1 01010	
(978) 659-3000 Washing			ton		
6. Brief Description of the Charact				·	
7. NAMES AND ADDRESS	g and sales a es of the officers	nd servicing of 6: ("X" BOX FOR ATTA	medical ultrasound (CHMENT) FILL IN SPACE	d equipment. Es BEFORE USING ATT	ACHMENTS
President Name			Vice President Name		
Vacant			Pamela L. Dunlap, Executive VP		
Street Address			Street Address 3000 Minuteman Road		
City	State	Zip	City Andover	State MA	701810
Secretary Name			Treasurer Name Teresa Schibuya		
Street Address			Street Address	<u></u>	<u> </u>
			3000 Minuteman Road		
City	State	Zip	City Andover	State MA	Zφ 01810
8. NAMES AND ADDRESSI	ES OF THE DIRECTOR	RS: ("X" BOX FOR ATI	<i>TACHMENT)</i> [] FILL IN SPACE	I CES BEFORE USING AT	
Director Name			Director Name		
Pamela L. Dunlap Street Address			Joseph E. Innamorati		
3000 Minuteman Road			Street Address	- D 1	
City State of the City	State	Zip	3000 Minuteman	State	Ta.
Andover	MA	01810	Andover	MA	3 018±05
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	THE CONTROL
9. SHARES AUTHORIZED: 100			10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION	 BOX FOR ATTACHME MUST BE COMPLETED	
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.			Number of Shares	Class/Series	Par Thie
			100	Common	\$1.00
This report must be execute this report must be executed	d on behalf of the cor	poration by an authorize	d representative. If the corpora	tion is in the hands of a	receiver or trustee,

	- FILED	
File Date _		
Check No	APR 18 2011	
<i>By:</i> OV	Cr 142627	10:39
] (2) 04	R SECRETARY OF STATE USE ONL	Y /

Under penalty of perjury, I declare and affirm	that I have examined this report,
including any accompanying schedules and s	statements, and that all statements
contained herein are true and correct.	
Vaul (hvarraug)	11/ / /2010
Signature	Date
Paul Cavanaugh	
Print or Type Name	
Vice President	
Title	

Form 630 Rev. 08/08