



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 2012

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. 19058		2. Name of Corporation X-RAY SERVICES, INC.			
3. Street Address Principal Business Office 1515 Smith Street			City N.Providence	State RI	Zip 02911-0000
4. Business Phone No. (401) 353-1600		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island to perform x-ray services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nicholas D. Iannuccilli			Vice President Name Nicholas D. Iannuccilli		
Street Address 1515 Smith Street			Street Address 1515 Smith Street		
City N. Providence	State RI	Zip 02911-	City N. Providence	State RI	Zip 02911-
Secretary Name Nicholas D. Iannuccilli			Treasurer Name Nicholas D. Iannuccilli		
Street Address 1515 Smith Street			Street Address 1515 Smith Street		
City N. Providence	State RI	Zip 02911-	City N. Providence	State RI	Zip 02911-
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nicholas D. Iannuccilli			Director Name none		
Street Address 1515 Smith Street			Street Address none		
City N. Providence	State RI	Zip 02911-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value 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

File Date **JAN 12 2012**
Check No. **3438**
By: _____

FOR SECRETARY OF STATE USE ONLY

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 **01/02/2012**
Nicholas D. Iannuccilli
Print or Type Name
President
Title