



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. 17149		2. Name of Corporation RADIOLOGY Associates Inc.		
3. Street Address, Principal Business Office 38 Hamlet AVENUE		City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 401-762-0020		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name VINCENT DE CESARIS		Vice President Name —		
Street Address 38 Hamlet AVENUE		Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State
Secretary Name ANTHONY POTENZA		Treasurer Name FRANK MUSCHE		
Street Address 38 Hamlet AVENUE		Street Address 38 Hamlet AVENUE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name VINCENT DE CESARIS		Director Name ANTHONY POTENZA		
Street Address 38 Hamlet AVENUE		Street Address 38 Hamlet AVENUE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI
Director Name FRANK MUSCHE		Director Name		
Street Address 38 Hamlet AVENUE		Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State
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 1000 #1. PAR VALUE	Class/Series 0	Par Value

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 23 2012
 Check No. 36010
 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 Vincent De Cesaris Date _____
 Print or Type Name VINCENT A. DE CESARIS
 Title PRESIDENT